

FILED FEB 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4204

BIRTH NO. REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Camden Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Chair Township</u>		c. CITY OR TOWN (Rural) <u>Chair Township</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Cable Ridge (neighborhood)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nancy</u>	b. (Middle) <u>Isabella</u>	c. (Last) <u>Cline</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb 2 1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White-Am.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1884 Nov 15</u>	9. AGE (In years last birthday) (Months) (Days) (Year) <u>64 2 17</u>	IF UNDER 1 YEAR	IF UNDER 1 HRS.
					Hour	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>John M Cline</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessica Edwards</u>	ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage (gastric)</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1948, to Feb 2, 1949, that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell DOD</u>	(Degree or title) of 23b. ADDRESS <u>Warsaw, Mo</u>	23c. DATE SIGNED <u>2/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cable Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-9-49</u>	REGISTRAR'S SIGNATURE <u>W. D. Miller</u>	41	FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Miller</u>	ADDRESS <u>Edwards, Mo</u>
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No. 300
10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-49-102

Date Filed 2-16-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.