

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19133**

FILED JUN 20 1949

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Athens Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Athens Township</u>	
c. LENGTH OF STAY (in this place) <u>6 mos.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u>		e. _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George Washington</u>	b. (Middle) _____	c. (Last) <u>Cline</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>1</u> (Year) <u>49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 28 1864</u>	9. AGE (In years last birthday) <u>84</u> Months <u>9</u> Days <u>4</u>	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labour</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm work</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Cline</u>	13b. MOTHER'S MAIDEN NAME <u>Senk</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wilford Cline</u> ADDRESS <u>Albany, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>U222</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan., 1948, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. J. Pray, D.O.</u>	23b. ADDRESS <u>Albany</u>	23c. DATE SIGNED <u>6-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Henton</u>	24d. LOCATION (City, town, or county) (State) <u>Gentry County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 7-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Edith Childs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford Cline</u> ADDRESS <u>Albany, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Stephen Bush
Licensed Embalmer No. 3329

P. O. Address Albany Mo

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.