

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1949

State File No. 19477
2815
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3639 Paseo</u>				d. STREET ADDRESS (If rural, give location) <u>3639 Paseo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) _____		c. (Last) <u>CLINE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/28/1949</u>	
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>March 5 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Lee's Summit Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Wm. Andrew Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Park</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES World War #1</u>		16. SOCIAL SECURITY NO. <u>499-07-7990</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Cline 3639 Paseo K.C. Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Insufficiency of aortic</u> DUE TO (c) <u>Chronic Infiltrated Myocardium</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., sidewalk, home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from _____, 19 <u>48</u> , to <u>6-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 28</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. F. Sewell</u> (Degree or title)				23b. ADDRESS <u>MD 1722 W 39th</u>		23c. DATE SIGNED	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>6/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-49</u>		REGISTRAR'S SIGNATURE <u>Theraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Bangful</u>		ADDRESS <u>Lee's Summit Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Leis Summit

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.