

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

23341

State File No. \_\_\_\_\_

FILED AUG 12 1949

3227

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Lt</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urich</u>	
c. LENGTH OF STAY (In this place) <u>7-9-49-7-25-49</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Lincoln</u> c. (Last) <u>Cline</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 4 1860</u>
9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>United State</u>			
13a. FATHER'S NAME <u>William Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wetherford</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah B. Cline</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Wetherford, KC, Mo</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nephritis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>593X</u>	
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 <u>7-11-49</u> , 19____, to <u>7-25-49</u> , 19____, that I last saw the deceased alive on <u>7-25-49</u> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. M. Nigro</u> (Degree or title) _____		23b. ADDRESS <u>925 Argyle Bldg.</u>	
23c. DATE SIGNED <u>7-26-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-25-49</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Adrain Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-26-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Crestline Adrain, Inc.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Fred Beath*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3342*

P. O. Address *Adrian, Missouri*

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.