

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHPresnell  
29260  
State File No. 5-9

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

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4043		Registrar's No. 5-9	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marble Hill</u>		c. LENGTH OF STAY (in this place) <u>5 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Sikeston R 70 #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clim Heights Hosp</u>							
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CLINE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8-17-49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-29-1859</u>	
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>7</u> DAYS <u>18</u> HOURS <u></u> MIN. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Moscow Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		13a. FATHER'S NAME <u>William Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia Tickle</u>	
14. NAME OF HUSBAND OR WIFE <u>Gay Cline Sikeston Mo</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gay Cline Sikeston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Stomach Cancer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Eye, Nose, 7 yrs</u> DUE TO (c) <u>And Buccal Cavity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>192X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>192X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 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 <u>7/30</u> , 19 <u>49</u> , to <u>8/17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/17</u> , 19 <u>49</u> , and that death occurred at <u>4:35</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Dampier</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sikeston Mo</u>		23c. DATE SIGNED <u>9/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/17/49</u>		REGISTRAR'S SIGNATURE <u>W. S. Dampier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Dampier</u>		ADDRESS <u>Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-14-49

Health Officer No. 4

File Number 949-12

Date

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.

Signed

Raymond Lewis

Signed

Student Embalmer

Licensed Embalmer No.

3467

P. O. Address

Litton 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.