S. No. 200
v. 10.48

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26435

BIRTH NO. 51095-51 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Clinton 0251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron.
c. LENGTH OF STAY (In this place) 11½ hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street, address or location) Cameron Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission).
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron. 0251
d. STREET ADDRESS (If rural, give location) Cameron. 0

3. NAME OF DECEASED (Type or Print) a. (First) Monica b. (Middle) Yonne c. (Last) Cline.

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 51

5. SEX f 1

6. COLOR OR RACE w

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never-Married

8. DATE OF BIRTH Aug 4-1951

9. AGE (In years last birthday) ~~1~~ | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 11 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Missouri. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Hawkins Cline

13b. MOTHER'S MAIDEN NAME Alta Mae Wren

14. NAME OF HUSBAND OR WIFE None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME James Cline. ADDRESS Cameron Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 776 X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 4th, 1951, *to* _____, 19__, *that I last saw the deceased alive on* Aug 4th, 1951, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. E. Boom DO

23b. ADDRESS Cameron Mo

23c. DATE SIGNED 8-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug-5-51

24c. NAME OF CEMETERY OR CREMATORY Catholic

24d. LOCATION (City, town, or county) (State) Cameron. Mo

DATE REC'D BY LOCAL REG. 8-8-51

REGISTRAR'S SIGNATURE Winifred W. Moser 390

25. FUNERAL DIRECTOR'S SIGNATURE Roland Funeral Home ADDRESS Cameron Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 13 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Robert F Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 3th Cameron 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.