

FILED JAN 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 422566

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 399	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY MARION		b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		a. STATE MISSOURI		b. COUNTY MONROE	
c. LENGTH OF STAY (in this place) 11 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) MONROE CITY 0690		d. STREET ADDRESS 401 Catherine		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location)		401 Catherine		1	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) MARY			b. (Middle) MARTIN			c. (Last) CLINE	
6. COLOR OR RACE WHITE			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			8. DATE OF BIRTH MARCH 2 1862	
9. AGE (In years last birthday) 89			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper			11. BIRTHPLACE (State or foreign country) Marion County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Own Home			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN CLINE Martin		13b. MOTHER'S MAIDEN NAME ELIZA MARTIN		14. NAME OF HUSBAND OR WIFE WILLIAM CLINE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME G. Brown		ADDRESS Canton, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		ANTECEDENT CAUSES				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. OTHER SIGNIFICANT CONDITIONS		Fracture, Paper lips				21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE		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.	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from Nov 25, 1957, to Dec 12, 1957, that I last saw the deceased alive on Nov 12, 1957, and that death occurred at 9 PM, m., from the causes and on the date stated above.	
22. I hereby certify that I attended the deceased from Nov 25, 1957, to Dec 12, 1957, that I last saw the deceased alive on Nov 12, 1957, and that death occurred at 9 PM, m., from the causes and on the date stated above.		23a. SIGNATURE Robert G. ...		23b. ADDRESS Hannibal, Mo.		23c. DATE SIGNED 12/22/57	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 12-15-57		24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery		24d. LOCATION (City, town, or county) (State) MONROE CITY Missouri	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 12-26-57		REGISTRAR'S SIGNATURE S. E. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS		ADDRESS Monroe City Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

1644
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JAN 2 1952
HEALTH DEPT.
DATE FILED JAN 2 1952

44-82832

JAN 2 1952

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

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Leslie L. Hilary

Licensed Embalmer No. 3014

P. O. Address Marion City, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 42266
Local Registrar's No.

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 1952, before me appears.....

....., who, upon oath, states that the original record of ^{birth} death
for Mary M. Cline ^{died} ~~born~~ / /, 19....., in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 13a should read John Martin

Instead of John Cline

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant G. E. Brown Son-in-law
Relationship.

712 college st, Canton, Mo.
Present Address.

Subscribed and sworn to before me this 20 day of Feb, 1952

My Commission expires Oct 27-1954 Martha Carter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.