

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24389

State File No.

3146

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri

d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital

d. STREET ADDRESS (If rural, give location) 3110 Harrison 3495

3. NAME OF DECEASED (Type or Print)
a. (First) Mrs. Effie b. (Middle) Fay c. (Last) Cline

4. DATE OF DEATH (Month) (Day) (Year)
July 9, 1952

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH March 18, 1882

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Robert Thompson

13b. MOTHER'S MAIDEN NAME Martha Bristow

14. NAME OF HUSBAND OR WIFE Mr. John M. Cline

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

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Family Records John Cline 3110 Harrison

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis (Post)
ANTECEDENT CAUSES
DUE TO (b) Cerebral artery sclerosis
DUE TO (c) arterio-sclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death rupture of gall bladder

INTERVAL BETWEEN ONSET AND DEATH
12 hrs
10 yrs
10 yrs
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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 6/18 1952 to 7/9 1952, that I last saw the deceased alive on 7/9 1952, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23. SIGNATURE William Earl Graham (Type or Print)

23b. ADDRESS 1527 96 St. W. C. 6 MO

23c. DATE SIGNED 7/10/52

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

24b. DATE 7-12-52

24c. NAME OF CEMETERY OR CREMATORY Easton, Kansas

24d. LOCATION (City, town, or county) (State) Easton, Kansas

DATE REC'D BY LOCAL REG. 7-11-52 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Fulton, Kansas City, Kansas

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Ralph Fulton

Licensed Embalmer No. *3505*

P. O. Address: *A. C. B.*

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.