

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35448

State File No. ....

FILED OCT 22 1952

Registrar's No. 157

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5576

196  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Duval Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Duval Twp	
c. LENGTH OF STAY (In this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location) 1/2 Mile S. of Cossville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mile S. of Cossville, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) Audlen c. (Last) Cline			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 19, 1901	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jasper Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Walter W. Cline	13b. MOTHER'S MAIDEN NAME Letha Wagner	14. NAME OF HUSBAND OR WIFE
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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. 494-18-7026	17. INFORMANT'S SIGNATURE OR NAME Mrs. Letha Cline, Rt. 1, Oronogo, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH Since 1931
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized melanocarcinomatosis.		
	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.			

19a. DATE OF OPERATION 2/12/52	19b. MAJOR FINDINGS OF OPERATION Multiple malignant melanomas.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9/24/49, 19\_\_\_, to 10/14, 1952, that I last saw the deceased alive on 10/14, 1952 and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Describe or title) [Signature]	23b. ADDRESS 410 Jackson Joplin, Missouri	23c. DATE SIGNED 10/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-52	24c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery	24d. LOCATION (City, town, or county) (State) Cabool, Missouri
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DATE REC'D BY LOCAL REG. 10-16-52	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnice-Simpson, Webb City, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-20-52  
Jasper County Health Office

County File Number 52/10/807

Date Filed 10-20-52

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 Blaeton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.