

STANDARD CERTIFICATE OF DEATH

36729

State File No.

FILED NOV 12 1953

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brazeau</u>	
c. LENGTH OF STAY (In this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkview Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>Baxter</u> c. (Last) <u>Cline</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 31, 1870</u>
9. AGE (In years) (last birthday) <u>83</u>	# UNDER 1 YEAR (Months) _____	# UNDER 1 YEAR (Days) _____	# UNDER 1 Wk. (Hours) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Perry County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Oliver W. Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Colombia Schaner</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Carie Cline</u>		ADDRESS <u>Brazeau, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Infarct of a/c</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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.) <u>4500</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>10-3</u> , 19 <u>53</u> , to <u>10-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 20</u> , 19 <u>53</u> , and that death occurred at <u>2:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. M. Weedman</u>		23b. ADDRESS <u>Perryville Mo</u>	
23c. DATE SIGNED <u>10/21/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 22, 1953</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Brazeau Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brazeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 22 1953</u>		REGISTRAR'S SIGNATURE <u>250</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

0791

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Wallace Young

Signed.....

Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville 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.