

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38097**

S. No. 300  
V. 10.48

FILED NOV 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6249</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>				
b. CITY OR TOWN <u>Piedmont Benton</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Piedmont (Rural) Benton</u>		d. STREET ADDRESS (If rural, give location) <u>1110</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Columbia</u> c. (Last) <u>Cline</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 53</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept 18 1889</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Religious Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Preacher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Silva Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>O.S.A.</u>	
13a. FATHER'S NAME <u>Monroe Cline</u>			13b. MOTHER'S MAIDEN NAME <u>Easter Jane Jordan</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elinor Watkins</u> ADDRESS <u>Piedmont 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>Diabetic coma</u>  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					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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from <u>9-28, 1952</u> , to <u>9-5, 1953</u> , that I last saw the deceased alive on <u>9/3, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>N. H. Cline M.D.</u>				23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>9/9/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Silva Mo (Wayne) Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u> ADDRESS <u>Piedmont Mo.</u>				

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

RECEIVED

NOV 9 1953

WAYNE CO. HEALTH CENTER

ILE No. 1153-44

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.....

Cooper Funeral Home

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.