

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **57729**

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Township		c. CITY OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 7 months		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 miles N.W. Richmond, Mo.		e. STREET ADDRESS (If rural, give location) 5 miles N.W. Richmond, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) SOPHIE b. (Middle) M. c. (Last) CLINE			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH August 29, 1877		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 5 Days 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Hall		13b. MOTHER'S MAIDEN NAME Pauline Klausner		14. NAME OF HUSBAND OR WIFE Beecher M. Cline	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Vera M. Feuers, Richmond, Mo.	
(If yes, give war or dates of service)				ADDRESS	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUPLICATE OF (b) _____					
DUPLICATE OF (c) _____		DUPLICATE OF (d) _____					
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"/>	
				4201	

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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: D.H. Baker, Coroner Richmond Mo.		23b. ADDRESS Richmond Mo.		23c. DATE SIGNED 2-20-54	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-1954		24c. NAME OF CEMETERY OR CREMATORY Copeland Cemetery	
				24d. LOCATION (City, town, or county) (State) Copeland, Kansas	

DATE REC'D BY LOCAL REG. Feb 20-54		REGISTRAR'S SIGNATURE Malcol Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	
				ADDRESS Richmond, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
40

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.....
Signature of Student Embalmer

Signed..... *Thomas J. Carter*

Licensed Embalmer No. *44*

P. O. Address *R. Schmitt*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.