

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12626**

FILED APR 28 1954

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4205** Registrar's No. **29**

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		c. LENGTH OF STAY (in this place) 11 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION not in hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson	
		d. STREET ADDRESS (If rural, give location) o 600	

3. NAME OF DECEASED (Type or Print) MARTIN	a. (First) MARTIN	b. (Middle) LUTHER	c. (Last) CLINE	4. DATE OF DEATH (Month) (Day) (Year) 4-16-1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-15-1872	9. AGE (In years last birthday) 81	If UNDER 1 YEAR Months 8 Days 1	If UNDER 24 HRS. Hours 1 Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Japan	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Cline	13b. MOTHER'S MAIDEN NAME Lucy (unknown)	14. NAME OF HUSBAND OR WIFE Jessie Grace Cline
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Jessie Grace Cline Anderson, 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, 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) Organic heart disease		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	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) 4343
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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 **Jan 54**, 19**54**, to **Apr 16**, 19**54**, that I last saw the deceased alive on **Apr 15**, 19**54**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. R. W. Penwell, Mo.	(Degree or title)	23b. ADDRESS Penwell, Mo.	23c. DATE SIGNED 4/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-1954	24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery	24d. LOCATION (City, town, or county) (State) Anderson, Mo.
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DATE REC'D BY LOCAL REG. 4-21-54	REGISTRAR'S SIGNATURE Maynard Humphrey	423	25. FUNERAL DIRECTOR'S SIGNATURE Humphrey, Clethor Anderson, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

H. Clethor 11 11

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 me

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson 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.