

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18140**

FILED JUN 21 1954

BIRTH NO. _____		REG. DIST. NO. 46		PRIMARY REG. DIST. NO. 5153		Registrar's No. 28		
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell				
b. CITY OR TOWN Kingston Twp		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hamilton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) 013¹⁰				
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence			b. (Middle) Vernon		c. (Last) Kline		4. DATE OF DEATH (Month) (Day) (Year) June 9, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 18, 1949		9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lawrence Kline			13b. MOTHER'S MAIDEN NAME Helen Gurney		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Kline - Hamilton, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car accident 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 Instant
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) Car		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kingston Caldwell 121120				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 7 11:45 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car accident				
22. I hereby certify that I attended the deceased from never , 19____, to never , 19____, that I last saw the deceased live on 6-9 , 1954, and that death occurred at 6 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. H. Smoot N.W.S. Coroner				23b. ADDRESS Boho 1112		23c. DATE SIGNED 6-11-1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Hamilton, Mo.			
DATE REC'D BY LOCAL REG. 6-14-54		REGISTRAR'S SIGNATURE Gladys Jones		25. FUNERAL DIRECTOR'S SIGNATURE Morris A. Brown		ADDRESS Hamilton		

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

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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 Student Embalmer No..... working under my personal supervision..

Student:.....
Signature of Student Embalmer

Signed: *Marvin A. B...*

Licensed Embalmer No. *39*

P. O. Address *7...*

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.