

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34666

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0680</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCH</u> b. (Middle) <u>U.</u> c. (Last) <u>KLINE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 10, 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper-Cafe owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>29</u> IF UNDER 12 mos. Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Blackwater, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>T. W. Kline</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Dick</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-03-7227</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise Sieber, Jefferson City</u> ADDRESS <u>City</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>Myocardial infarction.</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma of Stomach, pancreas, colon.</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 <u>151X</u>	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)		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>Sept 27</u> , 19 <u>52</u> , to <u>Oct 9th</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>54</u> , and that death occurred at <u>10:38 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. D. Conn</u> (Degree or title)		23b. ADDRESS <u>203 Tipton, Mo</u>	23c. DATE SIGNED <u>10-11-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Andrews Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 14-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn - Conn Funeral Home - Tipton Mo.</u>	ADDRESS

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

0680

**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.

Signed Richard D. Conn.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 470-3.....

P. O. Address Sydney, 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.