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

THE DIVISION OF HEALTH—MISSOURI  
STANDARD CERTIFICATE OF DEATH

36203

FILED OCT 25 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6107 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Scotland (Thomson Twp)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granger</u>		c. LENGTH OF STAY (in this place) <u>entire life</u>	c. CITY OR TOWN <u>Granger</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>T</u> c. (Last) <u>Cline</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 21, 1873</u>	9. AGE (in years last birthday) (Months) (Days) (Hours) (Min.) <u>81 1 25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired railroad employee</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>Daniel A. Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Rathbun</u>		14. NAME OF HUSBAND OR WIFE <u>Flora B. Cline</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. <u>491-14-9082</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flora B. Cline</u>	
				ADDRESS <u>Granger, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</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.			
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) <u>4222</u>	
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 1950, 1950, to Oct 16, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lawrence E. Lowe Doct</u>		23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>Oct 21/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 18, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Black Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Scotland County, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>10/21/54</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul H. Dinkert Memphis Mo</u>		
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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.....  
*Fred Smith*

Licensed Embalmer No. 4758

P. O. Address.....  
*Am...*

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.