

FILED JAN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40047

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 18 PRIMARY REG. DIST. NO. 3003 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LAURENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONETT</u>	c. LENGTH OF STAY (in this place) <u>1 MO</u>	c. CITY OR TOWN <u>PIERCE CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>80-51</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>900-4<sup>th</sup> ST.</u>		e. STREET ADDRESS (If rural, give location) <u>2 MILES WEST OF PIERCE CITY, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>KERNER</u> c. (Last) <u>KLINE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 30-54</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-10-1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) (STATE) <u>Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>SAMUEL KLINE</u>	13b. MOTHER'S MAIDEN NAME <u>ROENA CALDWELL</u>	14. NAME OF HUSBAND OR WIFE <u>MARY A. KLINE</u>			
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Kline Jr. Pierce City, MO</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sepsis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis subacute</u> 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 <u>60 days</u>
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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) <u>4500</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 11-8-, 1954, to 12-30-, 1954, that I last saw the deceased alive on 12-30, 1954, and that death occurred at 0:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Speare, MD</u>	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>12-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PIERCE CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>1-8-55</u>	REGISTRAR'S SIGNATURE <u>Mr. P. N. Cook</u> <u>457</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Bros Pierce City, Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**BARRY COUNTY HEALTH UNIT**  
CASSVILLE, MO.

NO. 155-168

DATE REC. 1-10-55

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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, ~~by~~ Edwin Welke, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin Welke.....

Licensed Embalmer No. 413

P. O. Address Pine Bluff

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.