

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23176

State File No. ....

BIRTH NO. 720 41776-56 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (in this place) <u>3 hr</u>	c. CITY OR TOWN <u>JEFFERSON CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHARLES F. STILLW. OSTEOPATHIC HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>110 GRANT ST.</u>	
3. NAME OF DECEASED a. (First) <u>BARB.</u> (Type or Print)		b. (Middle) <u>GIRL.</u>	c. (Last) <u>KLINE</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEW BORN</u>		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH <u>AUGUST 8, 1956</u>
			9. AGE (In years last birthday) <u>—</u> If under 1 year: Months <u>—</u> Days <u>—</u> If under 12 mos: Hours <u>—</u> Min. <u>3</u>
			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CLIFFORD DANIEL KLINE</u>	13b. MOTHER'S MAIDEN NAME <u>JEANETTA KEMBALL</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS JEANETTA KLINE</u> ADDRESS <u>110 GRANT JEFF. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCULATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 HOURS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURE SEPERATION OF PLACENTA 9-DAYS</u> DUE TO (c) <u>PREMATURE RUPTURED MEMBRANES 10 WEEKS</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		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) (Min.)	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 AUGUST 8, 1956, to AUGUST 8, 1956, that I last saw the deceased alive on AUGUST 8, 1956, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>E. James Macaulay, D.O.</u>	23b. ADDRESS <u>JEFFERSON CITY, MO</u>	23c. DATE SIGNED <u>8-9-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>aug 9 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
DATE REC'D BY LOCAL REG. <u>9 Aug 1956</u>	REGISTRAR'S SIGNATURE <u>R. J. Davis MD MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Bruecher</u> ADDRESS <u>Jefferson City Mo</u>	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>Not</sup>  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *37*

P. O. Address *J. C. Snow*

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.