

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. M. Tillman

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 0 9 9 9
STATE FILE NUMBER
2637
Registrar's No.

FILED JUN 19 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1800 E. 13th St.				Length of stay in 1b 1 yr.		d. STREET ADDRESS (If outside, give location) 1800 E. 13th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JAMES ALEXANDER CLINE				First Middle Last		4. DATE OF DEATH June 5, 1957		Month Day Year		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 12, 1955		9. AGE (In years last birthday) 1 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kans. City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME Wesley Lee Cline						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Wesley Lee Cline 1800 E. 13th St. Address						
18. CAUSE OF DEATH [Enter only one cause per time in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Concussion of Brain DUE TO (c) Impact Trauma							INTERVAL BETWEEN ONSET AND DEATH E 9:00 21			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from 3 rd Fl Apartment.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20c. TIME OF INJURY Hour Month, Day, Year 5:40 p.m. 6/4/57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1800 E 13		20f. CITY, TOWN, OR LOCATION 123 COUNTY STATE Kansas City, Jackson, MO					
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE Deputy Coroner J. M. Tillman M.D.					22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 6/5/57
23a. BURIAL/CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-8-57	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) Kans. City, Mo.					
24. FUNERAL DIRECTOR WATKINS BROS. FN. HM. 18th & Benton ADDRESS			25. DATE RECD. BY LOCAL REG. 6-5-57		26. REGISTRAR'S SIGNATURE Neva Minshall					

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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 *Bruce R. Watkins*

Licensed Embalmer No. *457*

P. O. Address *18th & 1/2*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.