

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018081  
STATE FILE NUMBER  
2170

FILED MAY 19 1958

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2170

S. 300  
1-57

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1116 WEST 75 <sup>th</sup> TERR.		Length of stay in lb 29 YRS.	d. STREET ADDRESS (If outside, give location) 1116 WEST 75 <sup>th</sup> TERRACE
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE CLAYTON CLINE			4. DATE OF DEATH Month Day Year APRIL 26, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 18, 1895
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF CLERK - BILLING DEPT. RAILROAD	11. BIRTHPLACE (City and state or country) YATES CENTER, KANSAS
10b. KIND OF BUSINESS OR INDUSTRY MO. PACIFIC RAILROAD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE CLINE		13b. MOTHER'S MAIDEN NAME JEREPHTA LIGGETT	14. NAME OF HUSBAND OR WIFE HELEN CLINE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (specify unknown) (If yes, give branch of service) YES W.W. #1		16. SOCIAL SECURITY NO. 702-14,5688	17. INFORMANT MRS. HELEN CLINE Address 1116 W. 75 <sup>th</sup> TERR KANSAS CITY, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			not known
DUE TO (c) acute Bronchitis			42:50
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —	
20c. TIME OF INJURY Hour Month, Day, Year —		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 25 <sup>th</sup> 5:30 a.m. to April 26 <sup>th</sup> 6:00 p.m. and last saw her alive on April 25 <sup>th</sup> 58			
22a. SIGNATURE V.B. Ballard MD (Degree or title)		22b. ADDRESS 411 Nichols Rd KC. MO	22c. DATE SIGNED 4/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE APRIL 29, 1958	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		23e. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 937 BRUSH CREEK KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE neva minshall

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
V. B. Ballard



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 *Thomas W. [Signature]* .....

Licensed Embalmer No. *4889* .....

P. O. Address *D. C. 30* .....

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.