

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024497

STATE FILE NUMBER

FILED AUG 12 1958

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 102

S. 300

ev. 1-57

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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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Aurora
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scoggins Rest Home 2 Wks.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 223 W. Anderson
3. NAME OF DECEASED (Type or print) First Middle Last RACHEL LUCINDA CLINE		4. DATE OF DEATH Month Day Year July 29, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWER <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) Billings, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alvin Norris		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE -----
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.	17. INFORMANT Ernest Cline Rtl Crane, Mo.
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 Artery Thrombosis DUE TO (b) ASCVD DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Taken from			INTERVAL BETWEEN ONSET AND DEATH 24 hrs to 1 yr
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221B	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept 1957 to 7/28/58 and last saw her alive on 7/28/58 Death occurred at 0530 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.P. ...		22b. ADDRESS ...	22c. DATE SIGNED 7/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 31, 1958	23c. NAME OF CEMETERY OR CREMATORY Crane Masonic	23d. LOCATION (City, town, or county) (State) Crane, Missouri
24. FUNERAL DIRECTOR Arnold's Funeral Home		25. DATE RECD. BY LOCAL REG. 7-31-58	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 858-157

DATE REC. 8-11-58

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 James D. Crafton

Licensed Embalmer No. 4668
P. O. Address Barra, Mo

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.