

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017655

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 002

STATE FILE NUMBER 2197

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give Blvd.) <b>1310 Armour Blvd.</b> HOSPITAL OR INSTITUTION <b>Elmwood Nursing Home</b>		Length of stay in 1b <b>50 Yrs.</b>	
d. STREET ADDRESS <b>3545 Forest</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>George G Cline</b>			4. DATE OF DEATH Month Day Year <b>April 30, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 21 1886</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Raymore, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS, INDUSTRY <b>Recreation Parlor</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jacob J Cline</b>		13b. MOTHER'S MAIDEN NAME <b>Saphronia Watkins</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Burns Cline</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs Adus Beamer 116 &amp; Blue River Road</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Cerebral Arteriosclerotic degenerative brain damage</b> DUE TO (b) <b>Probable terminal stroke of cerebral thrombosis</b> DUE TO (c) <b>Cerebral thrombosis</b> Conditions, if any, which gave rise to above cause (a), starting 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)			INTERVAL BETWEEN ONSET AND DEATH <b>Several years.</b> <b>Few hrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <b>None</b>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>		20c. TIME OF INJURY Hour Month, Day, Year <b>none</b>	
20d. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <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.) <b>none</b>	
20f. CITY, TOWN, OR LOCATION <b>none</b>		COUNTY STATE	
21. I attended the deceased from <b>Sept. 1958</b> to <b>death</b> and last saw him alive on <b>4-28-59</b> Death occurred at <b>Elmwood Nursing Home</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. Harvey Jennett, M.D.</b>		22b. ADDRESS <b>1500 Professional Bldg. Kansas City, Mo.</b>	
22c. DATE SIGNED <b>5-1-59</b>		23. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/2/1959</b>	
23c. LOCATION (City, town, or County) (State) <b>Kansas City Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>1431 1/2 Brush Creek Blvd. D. W. Newcomers Sons Kansas City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>5-2-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

J. Harvey Jennett

MEDICAL CERTIFICATION

Health, Welfare, Public Service

01-2-3121  
after 1, 208m



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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 Kern Lawler .....

Licensed Embalmer No. 4912  
P. O. Address K.C. me .....

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.