RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS OCT 21 1960
IDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 216

-60-038683
STATE FILE NUMBER

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: INDEPENDENCE — Length of stay in 1b: 7 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jackson County Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5531 Highland Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle LELAND Last KLINE
4. DATE OF DEATH: Month October Day 15 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Widowed
8. DATE OF BIRTH: 9-5-1874
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired County Clerk's Office
10b. KIND OF BUSINESS OR INDUSTRY: Court House
11. BIRTHPLACE (City and state or country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Clinton Kline
13b. MOTHER'S MAIDEN NAME: Lydia Hoppen
14. NAME OF HUSBAND OR WIFE: Bertha May Kline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-36-7317
17. INFORMANT: Willa McDonald — Address: 1311 Brush Creek Blvd Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Urinary infection
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 10-1-60, to 10-14-60 and last saw him alive on 10-14-60
Death occurred at 1:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. P. McCalla, M.D. (Degree or title)
22b. ADDRESS: Jackson Co Hospital, Independence Mo.
22c. DATE SIGNED: 10-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Removal
23b. DATE: 10/18/1960
23c. NAME OF CEMETERY OR CREMATORY: Quindaro Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas
24. FUNERAL DIRECTOR: D. W. Newcomer's Sons — ADDRESS: 1331 Brush Creek Blvd. Kansas City Mo.
25. DATE RECD. BY LOCAL REG.: 10-18-60
26. REGISTRAR'S SIGNATURE: M B Langsford

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harry E. Clement

Signature of Student Embalmer

Licensed Embalmer No. 4552

P. O. Address Pleasant

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