

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

355

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

AMENDED

**FILED APR 17 1961**

**PLACE OF DEATH**

1. a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 2 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN Whitesville Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last HARRY EDGAR CLINE

4. DATE OF DEATH Month Day Year April 5, 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-5-74 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 music teacher 10b. KIND OF BUSINESS OR INDUSTRY private teacher 11. BIRTHPLACE (City and state or country) Whitesville, Mo. 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Harvey Cline 13b. MOTHER'S MAIDEN NAME Lucinda Kesterson 14. NAME OF HUSBAND OR WIFE Mrs. Opal 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. - - - 17. INFORMANT Mrs. Opal Cline, Whitesville, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lobar Pneumonia, bilateral

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) Arterio-Sclerotic heart disease

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 Month, Day, Year a.m. p.m.

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

21. I attended the deceased from 3-20-61 to \_\_\_\_\_ and last saw him alive on 4-5-61

Death occurred at 9:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gilbert B. Kelley 22b. ADDRESS Savannah, Missouri 22c. DATE SIGNED 4-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 4-5-61 23c. NAME OF CEMETERY OR CREMATORY Whitesville Cemetery 23d. LOCATION (City, town, or county) (State) Whitesville, Missouri

24. FUNERAL DIRECTOR ADDRESS BREIT & HAWKINS SAVANNAH 25. DATE RECD. BY LOCAL REG. April 10, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Handell

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

G. B. Kelley, M.D.

**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 B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.