

STANDARD CERTIFICATE OF DEATH

Registration District No. 77 Primary Registration District No. 6083 Registrar's No. _____

FILED OCT 23 1940

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Rural Cato, Iowa
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles N.E. Summerville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM H. MEDLOCK
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17 year 1940 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from sent Medicon, 19____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Medlock 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. 28 1871
(Month) (Day) (Year)

Immediate cause of death Sugar Diabetes and High blood Pressure
Due to _____
Due to _____

8. AGE: Years 68 Months 8 Days 28 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 59

9. Birthplace Cedar Grove Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Minister

MOTHER FATHER
11. Industry or business _____
12. Name Dol Medlock
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Bailey
15. Birthplace Missouri (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Martha Medlock
(b) Address Summerville, Mo.
17. (a) Burial (b) Date thereof 9/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Summerville

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7411

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo.
19. (a) 9-21-40 (b) Frank Hyde MO
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. A. McDevise (M. D. or other) _____
Address Summerville, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number. 10401064

Date Filed -----

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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 this body is not embalmed, fact should be so stated above.