

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 67Primary Registration District No. 4403Registrar's No. 35

1. PLACE OF DEATH:

- (a) County Phelps
- (b) City or town Rolla, Mo.
- (c) Name of hospital or institution:
Tracoma Hospital
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mathew J. Medley3. (b) If veteran, name war "World War" 3. (c) Social Security No. 499-03-2274. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mabel Irene Medley 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Feb. 26 1896
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
44 11 8 hr. _____ min.9. Birthplace Dent County, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Public Works.12. Name Thomas Medley13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mollissie Hurt
(City, town, or county) (State or foreign country)15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mabel Iren Medley(b) Address Hooker, Mo.17. (a) Burial (b) Date thereof Feb. 5th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hooker Cemetery18. (a) Signature of funeral director J. L. HOOPS & SONS.(b) Address Hooker, Mo.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Culaski
- (c) City or town Hooker, Mo.
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th
year 1941 hour 12. minute 25 M.21. I hereby certify that I attended the deceased from 1-15-41
to 2-4-41, 1941.that I last saw him alive on Feb. 4th, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____Chronic AsthmaChronic myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. 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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

28. Signature Leon F. Weirich M.D. (M.D. or other) _____Address Fraction North Bell Mo Date signed 2-7-41

JUN 28 1948

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11664
Registrar's No. _____

Registration District No. 677

Primary Registration District No. 4403

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

1. PLACE OF DEATH

(a) County Shelby
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Matthew J. Medley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 11 8 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 6-7-41 (b) Joe F. Ayers (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Leon T. Weisick (M. D. or other)
Address Rolla Mo Date signed _____

11664

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.....

Licensed Embalmer No.....

P. O. Address.....

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.