

STANDARD CERTIFICATE OF DEATH

State File No. **25220**

FILED AUG 1 1941
384

Registration District No. _____

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CHRISTA HOGAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution twelve hours
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME LE ROY MEDLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race X 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased October 19, 1930
(Month) (Day) (Year)

8. AGE: Years 10 Months 7 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Harley L. Medley
13. Birthplace Hillaw Springs, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Stephenson
15. Birthplace Yuma County, Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Harley Medley

(b) Address Hillaw Springs, Mo.

17. (a) Burial (b) Date thereof June 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillaw Springs City Cemetery

18. (a) Signature of funeral director J. B. Burns

(b) Address Hillaw Springs, Mo.

19. (a) 6-18-41 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Hillaw Springs
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1941 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 17
1941, 19____, to June 18, 1941

that I last saw him alive on June 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Duration 1 day

Due to Thrombosis Superior Mesenteric vein

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 _____

(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 Vida W. Simons

Address West Plains, Mo. Date signed _____

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 2411273

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 J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.