

7. S. No. 2
DOM-5-43
ev. 5-17-39
Re 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16679**
Registrar's No. **176**

FILED MAY 16 1947

Registration District No. _____

Primary Registration District No. **5135**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Quilin R. 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Name ASH Hill Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **33 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler 12**
(c) City or town **Quilin Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **R. 2**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Estel Earl Medlock**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 29 1905**
(Month) (Day) (Year)

8. AGE: Years **41** Months **9** Days **29** If less than one day hr. min.

9. Birthplace **Texas County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Dabner Medlock**

13. Birthplace **Bent County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Crispin**

15. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Medlock**
(b) Address **Quilin Mo. R. 2**

17. (a) **Burial** (b) Date thereof **4-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ogelville Cemetery**
18. (a) Signature of funeral director **Endless Funeral Home**
(b) Address **Campbell, Missouri**
19. (a) **5/1/47** (b) **R. Menette**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
year **1947** hour _____ minute **5:45 p.m.**

21. I hereby certify that I attended the deceased from **April 21**, 1947, to **Apr. 28**, 1947;
that I last saw him alive on **April 21**, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **3 years**

Due to _____
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? _____

23. Signature **J. Campbell** (M. D. or other) _____
Address **Campbell, Mo.** Date signed _____
While at work? _____ (Specify type of place)
(2) Means of injury _____

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 547-69

Date Filed 5-6-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md.

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.