

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18815
State File No. 103
Registrar's No. 205

FILED JUL 9 1948
Registration District No. 3

Primary Registration District No. 5135

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Broseley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie B. Medlin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ollie Medlin 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased: unknown (Month) (Day) (Year)

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

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Medlin
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name unknown Glass
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ed Medlin
(b) Address Broseley Mo.
17. (a) Burial (Burial, cremation, or other) (b) Date thereof 6-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Bernie, Mo.
18. (a) Signature of funeral director Raymond Russell
(b) Address Prospers, Mo.
19. (a) 6/26/48 (b) W. M. Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Dexter (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 6 day 10 year 48 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6-7 1948 to 6-10 1948 that I last saw him alive on 6-10 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Arterio-sclerosis
Due to renal disease

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 _____
Signature W. M. Smith (M.D. or other)
Address Dexter Mo. Date signed 6/10/48

RECEIVED

District Health Office No. 2,

District File Number 748-820

Date Filed 7-6-48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Russell

Licensed Embalmer No. 509 Ark.

P. O. Address Piggott Ark.

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.