

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15678**

45

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

BIRTH NO. _____		REG. DIST. NO. 14d		PRIMARY REG. DIST. NO. 2024		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette			c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		
d. FULL NAME OF HOSPITAL OR INSTITUTION. ----				d. STREET ADDRESS (If rural, give location) S. Church St.			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie		b. (Middle) -		c. (Last) Medlock		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1949	
5. SEX Male 2	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 10, 1883		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 66 0 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Sam Medlock			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bettie Cowan Fayette, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound of chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fayette, Howard Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 20 1949 5:00pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Self-inflicted shot gun wound			
22. I hereby certify that I attended the deceased from May , 19 48 , to May 20 , 19 49 , that I last saw the deceased alive on May 20 , 19 49 , and that death occurred at 5:00pm , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Francis D. Dean M.D.				23b. ADDRESS Lee Hospital Fayette, Mo		23c. DATE SIGNED 5-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/49		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City/Town, or county) (State) Fayette, Missouri	
DATE RECD BY LOCAL REG. 5-28-1949		REGISTRAR'S SIGNATURE Dorothy Fern Sabie		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette Mo.	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-2-49

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, ~~by~~.....

..... Student Embalmer No.

working under my personal supervision.

Signed Ralph A. Carr.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.