

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16021
2260

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri	
c. LENGTH OF STAY (in this place) 20 Yrs		d. STREET ADDRESS (If rural, give location) 7714 Summit Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7714 Summit St			

3. NAME OF DECEASED (Type or Print) a. (First) Mr ANDERSON b. (Middle) MEDLOCK c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 23 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 22 1857	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Resturant Owner		11. BIRTHPLACE (State or foreign country) Salem Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Allen Medlock		13b. MOTHER'S MAIDEN NAME Serella Staeley		14. NAME OF HUSBAND OR WIFE Mrs Maude Quick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Maude Quick 7714 Summit Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Myocarditis Rheumatoid		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4157			

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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **May 5, 1949**, to **May 23 1949**, that I last saw the deceased alive on **May 22, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R.C. Ragan (Degree or title) R.C. Ragan M.D.		23b. ADDRESS 404 1/2 W 75th		23c. DATE SIGNED May 23, 49	
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24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE 5-25-49		24c. NAME OF CEMETERY OR CREMATORY Elston Missouri	
24d. LOCATION (City, town, or county) (State) Elston Missouri					

DATE REC'D BY LOCAL REG. 5-24-49		REGISTRAR'S SIGNATURE Thalldine Holmes		FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wernell Funeral Home	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. Mc

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: