

no. 300
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FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20174

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 2132

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Linn</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Linn</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Marceline</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Marceline</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <p style="text-align: center;">Cora</p>	b. (Middle) <p style="text-align: center;">Mathilda</p>	c. (Last) <p style="text-align: center;">Medlin</p>	(Month) <p style="text-align: center;">July</p>	(Day) <p style="text-align: center;">4</p>	(Year) <p style="text-align: center;">1949</p>			
5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <p style="text-align: center;">widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Feb. 26, 1949</p>	9. AGE (In years last birthday) <p style="text-align: center;">73</p>	IF UNDER 1 YEAR Months <p style="text-align: center;">4</p>	IF UNDER 1 YEAR Days <p style="text-align: center;">8</p>	IF UNDER 24 HRS. Hours <p style="text-align: center;"></p>	IF UNDER 24 HRS. Min. <p style="text-align: center;"></p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Housewife</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Carroll Co., Mo.</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA.</p>		

13a. FATHER'S NAME <p style="text-align: center;">H James Nowland</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Harriette Walker</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Allen Medlin</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">no</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Carl Heins</p>	ADDRESS <p style="text-align: center;">Marceline, Mo.</p>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">1 yr.</p> <p style="text-align: center;">3 yrs.</p> <p style="text-align: center;">1</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">coronary sclerosis</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">cerebral arteriosclerosis</p> DUE TO (c) <p style="text-align: center;">senility</p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from March 13, 1948, to July 4, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">Philip A. Ottman, M.D.</p>	23b. ADDRESS <p style="text-align: center;">Marceline, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">7/5/49</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">July 6, 1949</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Oakhill Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Carrollton, Mo</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">July 5, 1949</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Mary Jane Owens</p>	401	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">James M. Laughlin</p>	ADDRESS <p style="text-align: center;">Marceline, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, Missouri

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.