

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40353

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5161 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Fagus</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Fagus</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernon</u> b. (Middle) <u>E</u> c. (Last) <u>Medlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-19-1905</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>fermyng</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>44</u> IF UNDER: YEAR <u>10</u> MONTHS <u>27</u> DAYS
11. BIRTHPLACE (State or foreign country) <u>Camden Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alvin Medlin</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Velva Medlin</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Velva Medlin</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sobar pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>12-16-1949</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dysphagia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bright's disease</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION <u>L</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>AD</u>	
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 <u>12-16</u> , 19 <u>49</u> , to <u>17</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. P. Helles</u> (Degree or title)		23b. ADDRESS <u>100 Colcord Rd</u>	
23c. DATE SIGNED <u>12-21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-16-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Int Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Stale Mo</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>42/8</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>1 Harmon Trust Co</u> ADDRESS <u>Stale Mo</u>			

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

12
0.
0.

PLAN 70 11713

ENCLOSED
DEC 3 1949

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.