

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14788

State File No. 318
 Registrar's No. 1003 3718

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 318		Registrar's No. 1003 3718			
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (in this place) 1 1/2			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital				d. STREET ADDRESS (If rural, give location) 5351 Delmar							
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) A		c. (Last) Medlin		4. DATE OF DEATH (Month) (Day) (Year) 4 22 50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Apr-28-1866		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days 23	IF UNDER 24 HRS. Hours _____	Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mendota, Missouri			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME William K. Medlin			13b. MOTHER'S MAIDEN NAME Rania Mullins			14. NAME OF HUSBAND OR WIFE Celestial May					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>James Robertson</i> Masonic Home of Missouri			ADDRESS <i>Just</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Chronic Myocarditis <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 8dys. lyr			
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) H. S. K.							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7-13- , 19 50 to 4-22- , 19 50 , that I last saw the deceased alive on 4-22 , 19 50 , and that death occurred at 1.10 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE <i>Robert R. ...</i>				(Degree or title)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 4-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.		24d. LOCATION (City, town, or county) (State) Sumner, Ill.					
DATE RECD BY LOCAL APR 24 1950		REGISTRAR'S SIGNATURE <i>J. B. ...</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander & Sons</i>					ADDRESS 10175 Delmar	

INK--MAKE A RINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Ship to Quincy, Ill

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

Gustav W. Dittell

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.