S. No. 300
. 10.48

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4475 Registrar's No. 245

970
1

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Bend
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Streets not numbered

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline 0970
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Bend d
d. STREET ADDRESS (If rural, give location): Streets not numbered

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Florence
c. (Last): Medlin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 5, 1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Jefferson Mitchner
13b. MOTHER'S MAIDEN NAME: Elizabeth Owen
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Bevia Stockman Malta Bend, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 1.5 12

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr, 1944, *to* Dec 7, 1950, *that I last saw the deceased alive on* Dec 5, 1950, *and that death occurred at* 5-A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. K. Nix M. D. O
23b. ADDRESS: Marshall, Mo.
23c. DATE SIGNED: 12-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10, 1950
24c. NAME OF CEMETERY OR CREMATORY: Malta Bend Cemetery
24d. LOCATION (City, town, or county) (State): Malta Bend, Missouri

DATE REC'D BY LOCAL REG.: Dec. 9-1950
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis-Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/11/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 12/11/50

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed R. W. Campbell Jr.

Signed .....
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall 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.