

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5622

0870

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

BIRTH NO. _____ REG. DIST. NO. ²⁹² 292 PRIMARY REG. DIST. NO. ⁶⁰⁰¹ 6001 Registrar's No. ⁴ 4

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal (SALINE)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal (SALINE)		0870	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R F D # 4			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence R F D # 4					
3. NAME OF DECEASED (Type or Print) Lillian Medcalf		a. (First)		b. (Middle)	
		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) February 9, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 22, 1897	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months 10
					Days 17
					Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Ralls County Missouri	
13a. FATHER'S NAME Charles Medcalf		13b. MOTHER'S MAIDEN NAME Anna Esther Gentry		14. NAME OF HUSBAND OR WIFE None	
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 J. K. Redman R F D # 4 Hannibal Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intermittent Hypertension</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 yr</i> 59.3x
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Valvular Heart Disease</i>			
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)		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 <i>Apr</i> , 1948, to <i>2-5</i> , 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:15 Pm.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. K. Redman</i>		(Deceased or title)		23b. ADDRESS <i>Hannibal Mo</i>	23c. DATE SIGNED <i>2-13-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1) Burial</i>		24b. DATE <i>2/12/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Big Creek</i>		24d. LOCATION (City, town, or county) (State) <i>Rennsler Missouri</i>
DATE REC'D BY LOCAL REG. <i>2-13-1951</i>		REGISTRAR'S SIGNATURE <i>J. K. Redman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Crawford</i>	
		ADDRESS <i>267</i>		ADDRESS <i>Hannibal Missouri</i>	

Date Received: FEB 2 1 1951
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed: FEB 2 1 1951

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

H. Crawford Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 7814

P. O. Address Hannibal 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.