

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13389

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Stella		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) Jane, Mo. R#	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leon b. (Middle) Arthur c. (Last) Medaris			4. DATE OF DEATH (Month) (Day) (Year) March 31 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH Oct. 12 1873		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 12 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Post Master			10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Palmer, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME S. P. Medaris		13b. MOTHER'S MAIDEN NAME --		14. NAME OF HUSBAND OR WIFE Boyd Florence Medaris Deceased	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell Medaris Jane, Mo. R#	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 Months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Throat		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		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 148x			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from **3/27 - 1951**, to **3-31, 1951**, that I last saw the deceased alive on **3-31, 1951**, and that death occurred at **10a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cardwell M.D.		23b. ADDRESS Stella Mo		23c. DATE SIGNED 4-1-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-2-51		24c. NAME OF CEMETERY OR CREMATORY Aubury Cemetary		24d. LOCATION (City, town, or county) (State) Stillwell Kansas	
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DATE REC'D BY LOCAL REG. 4-1-1951		REGISTRAR'S SIGNATURE Alpha Dyer 369		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Morris Pope Wheaton Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

930

RECEIVED

District Health Officer No. Newton Co. Health
District File Number 451-89 Dept.
Date Filed 4/7/51

MAY 29 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. Morris Pope

Licensed Embalmer No. 2142

P. O. Address Newton, 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.