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BIRTH NO. 35539-51 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 247

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Butler</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Butler</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Poplar Bluff</b>  |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Broseley</b>  |   |
| c. LENGTH OF STAY (In this place)<br><b>Life</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>Rt. 1</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Doctors Hospital</b>   |                                  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Gilbert</b>   |                                  | b. (Middle)<br><b>Lee</b>  |   |
| c. (Last)<br><b>Medlin</b>   |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>5/23/51</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Infant</b>  | 8. DATE OF BIRTH<br><b>5/23/51</b>          |
| 9. AGE (In years last birthday)  |                                  | IF UNDER 1 YEAR<br>Months  | IF UNDER 12 HRS.<br>Hours Min.<br><b>20</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Poplar Bluff, Mo.</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>Gilbert Medlin</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Andella Hursh</b>  |   |
| 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)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Gilbert Medlin Broseley, Mo.</b>   |                                  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                        |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>ANTECEDENT CAUSES<br>MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (b) <u>Birth injury</u><br>DUE TO (c) <u>uterine dystonia</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Malposition of birth</u> |   |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>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 <u>22 May, 1957</u> , to <u>23 May, 1957</u> , that I last saw the deceased alive on <u>23 May, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above. |                                  |  |   |
| 23a. SIGNATURE (Degree or title)<br><b>Opila A. Post MD</b>  |                                  | 23b. ADDRESS<br><b>Poplar Bluff, Mo.</b>   |   |
| 23c. DATE SIGNED<br><b>25 May 57</b>   |                                  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>5/24/51</b>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Brown Chapel</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Butler Co., Mo.</b>  |   |
| DATE REC'D BY LOCAL REG.<br><b>June 4 1957</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Wm. H. Johnson</b>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Greer Croy &amp; Fitch</b>  |                                  | ADDRESS<br><b>Poplar Bluff, Mo.</b>  |   |

RECEIVED

JUN 13 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-265-

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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.....  
Student Embalmer

Signed

*Not Embalmed*

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.