

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17757

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 172

19940  
2

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee	
c. LENGTH OF STAY (in this place) 2 mos., 28 das		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL b. (Middle) LINDER c. (Last) MEDLEY			4. DATE OF DEATH (Month) (Day) (Year) April 28 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 3, 1914			9. AGE (In years last birthday) 36		10. F UNDER 1 YEAR 10 Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Whitewater, Missouri /
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Frank Medley		13b. MOTHER'S MAIDEN NAME Odie Young		14. NAME OF HUSBAND OR WIFE Iva Driskell	
---------------------------------	--	--------------------------------------	--	--	--

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. 489-12-3973		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.	
---	--	-------------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage				Abt. 1 wk.	
		ANTECEDENT CAUSES				Unknown.	
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) Gastric ulcer					
		DUE TO (c)					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 January 30, 1951, to April 28, 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Brennan, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 4-28-1951	
--	--	--	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau County, Mo.	
--	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. May 10, 1951		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghof Funeral Charleston, Mo.	
---------------------------------------	--	--------------------------------------	--	--	--

FILE NO. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

MAY 14 1951

RECEIVED

MAY 24 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.....  
Student Embalmer

Signed B. K. Royal

Licensed Embalmer No. 4120

P. O. Address Larmon, 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.