

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38268

State File No.

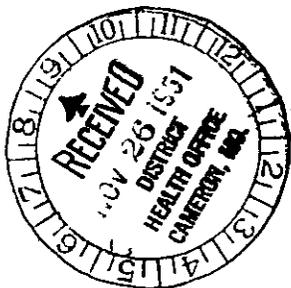
FILED NOV 30 1951

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5858 Registrar's No. 255

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Graham - rural</u>) c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graham - rural</u> <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles SE Graham</u>	
3. NAME OF DECEASED a. (First) <u>HOMER</u>		b. (Middle) <u>STEWARD</u>	
c. (Last) <u>MEDSKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 24 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/30/65</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>	11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert G. Medsker</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Eudora Shields Medsker, dec</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Medsker, Graham, Missouri</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u> 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 <u>4214</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		Nov. 24, 1951	
22. I hereby certify that I attended the deceased from <u>Feb 1949</u> , to <u>1951</u> , that I last saw the deceased alive on <u>Nov. 20, 1951</u> , and that death occurred at <u>10:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. New</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Maitland, Mo</u>	
23c. DATE SIGNED <u>11/24/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>11/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maitland</u>	
24d. LOCATION (City, town, or county) (State) <u>Maitland, Missouri</u>		DATE REC'D BY LOCAL REG. <u>11-24-51</u>	
REGISTRAR'S SIGNATURE <u>Bess Boltz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>	



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 Clay M. Pucci

Licensed Embalmer No. 1822

P. O. Address Marriott 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.