

5. No. 300  
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27748

State File No. \_\_\_\_\_

FILED SEP 2- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 778-A

# 396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 15 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0386		
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL			d. STREET ADDRESS (If rural, give location) 1910 N. LYON D		
3. NAME OF DECEASED (Type or Print) a. (First) EVELYN b. (Middle) GLADYS c. (Last) MEDANIEL			4. DATE OF DEATH (Month) (Day) (Year) AUG. 20 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 22-1924		9. AGE (In years last birthday) 28 If UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) CHADWICK - MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WALTER H. HURSH		13b. MOTHER'S MAIDEN NAME BELLE MELTON		14. NAME OF HUSBAND OR WIFE SAMUEL R. MEDANIEL	
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAMUEL R. MEDANIEL 1910 N. LYON SPRINGFIELD, MO.		
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) Cerebral Embolism  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pelvic Inflammatory Disease DUE TO (c) Virus Enteritis  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anemia				INTERVAL BETWEEN ONSET AND DEATH 12 hrs 6 wks 6 wks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Salpingophorites acute granulomatous				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 July 9, 1952, to Aug 20, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 7:45 pm., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Noted Selig O. M.D.			23b. ADDRESS Springfield		23c. DATE SIGNED 8/25/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 24-1952	24c. NAME OF CEMETERY OR CREMATORY LINDEN CEMETERY		24d. LOCATION (City, town, or county) (State) CHRISTIAN CO., MO	
DATE REC'D BY LOCAL REG. 8-27-52	REGISTRAR'S SIGNATURE Edith Williamson Deputy Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris Clever, Mo.		

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.