

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41274

1020 5

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

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4496		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY SHELBY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHELBY			
b. CITY (If outside corporate limits, write RURAL and give town) SHELBYVILLE		c. LENGTH OF STAY (In this place) 2 YRS		c. CITY (If outside corporate limits, write RURAL and give township) CLARENCE MO 1020		d. STREET ADDRESS (If rural, give location) SHELBY ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION COUNTY INFIRMARY							
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle) D		c. (Last) MEDLEY		4. DATE OF DEATH (Month) (Day) (Year) DEC 9 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 25 1909		9. AGE (In years last birthday) 40	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (State or foreign country) MISSOURI U		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME NATHAN WALTER		13b. MOTHER'S MAIDEN NAME ELIZABETH BROWN WESLEY		14. NAME OF HUSBAND OR WIFE EMMETT SAGE CLARENCE MO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Ernest Sage Clarence MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Cerebral				INTERVAL BETWEEN ONSET AND DEATH 7	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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 334X				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 Dec 5, 1952, to Dec 9, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE P. G. Weaver M.D. (Degree or title)				23b. ADDRESS Shelbyville MO		23c. DATE SIGNED 12-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 11, 1952		24c. NAME OF CEMETERY OR CREMATORY MAPLE WOOD		24d. LOCATION (City, town, or county) (State) CLARENCE MO	
DATE REC'D BY LOCAL REG. 12-13-52		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Keeney		ADDRESS Clarence MO	

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

Charles V. Keeney

Signed

Student Embalmer

Licensed Embalmer No. *4625*

P. O. Address *Claremont 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.