

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27440

State File No.

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 40

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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> <u>1031</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dexter Creek</u> | | d. STREET ADDRESS (If rural, give location) <u>No. Elm Street</u> | |

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|-------------------------------------|-------------------------|-----------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Johny</u> | b. (Middle) <u>Clifford</u> | c. (Last) <u>Medlin</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1953</u> |
|-------------------------------------|-------------------------|-----------------------------|-------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|--|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Aug. 7, 1945</u> | 9. AGE (In years last birthday) <u>7</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--------------------------------------|--|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Clifford Medlin</u> | 13b. MOTHER'S MAIDEN NAME <u>Nettie Fleetwood</u> | 14. NAME OF HUSBAND OR WIFE <u>-----</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nettie Medlin</u> ADDRESS <u>Dexter, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Drowning</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | <u>E9298</u> <u>42</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, large factory, street, etc.) <u>Dexter Creek</u> | 21c. CITY, TOWN, OR TOWNSHIP <u>Dexter</u> (COUNTY) <u>Stoddard</u> (STATE) <u>Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 17, 1953</u> <u>12</u> P.M. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. Rainey</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Dexter, Missouri</u> | 23c. DATE SIGNED <u>7-18-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-19-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u> | 24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7-28-53</u> | REGISTRAR'S SIGNATURE <u>Walter D. Jenkins</u> <u>409</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 _____

Licensed Embalmer No. 3479

P. O. Address St. Louis, 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.