

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19981

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>71</u>		
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Unionville</u> )		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY OR TOWN <u>Unionville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital &amp; Clinic</u>				e. STREET ADDRESS (If rural, give location) <u>"Rural" Richland Township</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Marion</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Medlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 3, 1917</u>		
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Francis Marion Medlin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary M. Norton</u>		14. NAME OF HUSBAND OR WIFE <u>Wynema G. Medlin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-12-6238</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wynema G. Medlin</u> ADDRESS <u>Final House Unionville, Mo</u>				
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>Embolism of coronary artery</u> ANTECEDENT CAUSES DUE TO (b) <u>Necrosis of Testicles</u> DUE TO (c) <u>Injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9021</u> <u>3</u>					INTERVAL BETWEEN ONSET AND 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) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Unionville Putnam MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 25, 1954</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from hay loft astraddle manger</u>				
22. I hereby certify that I attended the deceased from <u>June 1, 1954</u> , to <u>June 11, 1954</u> , that I last saw the deceased alive on <u>June 11, 1954</u> and that death occurred at <u>6:30 P.M.</u> (from the causes and on the date stated above).								
23a. SIGNATURE (Degree or title) <u>L. W. McDonald D.D.</u>				23b. ADDRESS <u>29 Unionville, Mo</u>		23c. DATE SIGNED <u>6-14-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Phenix Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-25-54</u>		REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Comstock Funeral Home Unionville, Mo</u>				

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

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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.....  
Signature of Student Embalmer

Signed.....  
*James W. Constock*

Licensed Embalmer No. *419*

P. O. Address *Unionville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.