

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 9 - 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>3 da</u>	c. CITY OR TOWN <u>Washington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural give location) <u>17 Elm 0362</u>	
3. NAME OF DECEASED a. (First) <u>MURINE</u> (Type or Print)		b. (Middle) <u>J</u>	c. (Last) <u>MEDLEY</u>
4. DATE OF DEATH Month <u>8</u> Day <u>1</u> Year <u>1954</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>6-8-1889</u>	9. AGE (In years last birthday) <u>55</u> Months <u>1</u> Days <u>23</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richland Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ed. Hathaway</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Riplett</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Medley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or name of service)	
16. SOCIAL SECURITY NO. <u>496-32-1013</u>		17. DECEASED'S SIGNATURE OR NAME <u>Robert Medley</u> ADDRESS <u>Washington, 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>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following hemorrhoidectomy</u> DUE TO (c) <u>Removal of Pental fissure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+601 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hemorrhoidectomy &amp; Removal of fissure</u>	
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 <u>July 30, 1954</u> , to <u>Aug 1, 1954</u> , that I last saw the deceased alive on <u>Aug 1, 1954</u> , and that death occurred at <u>2:4 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank J. Mass</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Washington, Mo.</u>	
23c. DATE SIGNED <u>8-2-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-3-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richland Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Wilber</u> ADDRESS <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/2/54</u>		REGISTRAR'S SIGNATURE <u>H. J. Anderson</u> NO. <u>99-0</u>	

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

VS JAN 20 1960

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *451*  
P. O. Address *Washington*

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.