

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27160

FILED AUG 12 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 833 PRIMARY REG. DIST. NO. 3074 Registrar's No. 1257

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY OR TOWN <u>Sikeston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>216 Young St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Medly</u>	4. DATE OF DEATH (Month) <u>7</u> (Day) <u>27</u> (Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-8-1908</u>
9. AGE (In years last birthday) <u>49</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Jack Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Janie Fret</u>	14. NAME OF HUSBAND OR WIFE <u>J. W. Medly</u>
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Medly, Sikeston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRO-VASCUL. HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERT. CARDIO-VASCUL. DIS.</u>		
	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 <u>443x</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 7.25, 1957, to 7.27, 1957, that I last saw the deceased alive on 7.27, 1957, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Popp M.D. 23b. ADDRESS Sikeston, Mo. 23c. DATE SIGNED 7.29.57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-1-57 24c. NAME OF CEMETERY OR CREMATORY Sherrill 24d. LOCATION (City, town, or county) (State) Clarksdale, Miss.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-29-57 Mrs. Collier Fountain 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred Smith 1212 Maud St.

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

+290

DATE RECEIVED AUG 5 1957.

SCOTT CO. HEALTH DEPT.

CO. FILE No. 857-161

AUG 13 1957

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston

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.