

Health,  
, & Welfare  
S. Public  
th Service

FILED OCT 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36931

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 5782 Registrar's No. 108

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mooney Twp.</u>		c. CITY OR TOWN <u>Near Tin Town, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Near TinTown, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Near TinTown, Mo.</u>	
Length of stay in lb <u>49Yrs.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Claude</u> Middle <u>Dewey</u> Last <u>Medley</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>8</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 7, 1898</u>	9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Webster Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willaim J. Medley</u>	13b. MOTHER'S MAIDEN NAME <u>Cora D. Hasten</u>	14. NAME OF HUSBAND OR WIFE <u>Vercy Medley</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>None</u>	17. INFORMANT <u>Vercy Medley, Red Top R 1, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 d</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiac Hypertrophy &amp; valvular disease with decompensation</u>	<u>8-10 yrs</u>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4214</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <u>4214</u>
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20c. TIME OF INJURY Hour <u>9:40</u> a.m. <u>P.</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Buffalo Mo</u>	COUNTY <u>Polk</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>Jan 1948</u> to <u>3 Oct 57</u> and last saw <sup>him</sup> alive on <u>3 Oct 57</u> Death occurred at <u>9:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>O. Bruffen M.D.</u> (Degree or title)	22b. ADDRESS <u>Buffalo Mo</u>	22c. DATE SIGNED <u>12 Oct 57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-11, 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rock Prairie Cem.</u>	23d. LOCATION (City, town, or country) <u>Near Pleasant Hope, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Willard B. Brown, Bolivar, Mo.</u>	ADDRESS <u>Bolivar, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 16, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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VS OCT 21 1959

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 *Marshall B. Blackwell*

Licensed Embalmer No. *4713*

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