

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035264

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 181

5. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CEDAR</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NEVADA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ELDORADO SPG'S</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NEVADA CITY</b>		Length of stay in lb <b>12 Hrs</b>	d. STREET ADDRESS (If outside, give location) <b>W. SPRING</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>CLAUDE</b> First <b>MEDARIS</b> Middle Last			4. DATE OF DEATH Month <b>9</b> Day <b>25</b> Year <b>58</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 7 1921</b>	9. AGE (In years last birthday) <b>37</b> F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CEDAR CO MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>BILL MEDARIS</b>		13b. MOTHER'S MAIDEN NAME <b>CARRIE HALSEY</b>		14. NAME OF HUSBAND OR WIFE <b>PBC.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>541-16-3734</b>	17. INFORMANT <b>ABE MEDARIS</b> Address <b>ELDORADO SPG'S</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>					<b>Yes</b>
DUE TO (c) <b>4200</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
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 COUNTY STATE	
21. I attended the deceased from <b>9-1-1958</b> to <b>9-25-58</b> and last saw him alive on <b>9-24-58</b> Death occurred at <b>6 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Wm Lundersmith MD</b>			22b. ADDRESS <b>El Dorado Spgs, Mo</b>		22c. DATE SIGNED <b>9-25-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>9-28-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>		23d. LOCATION (City, town, or county) (State) <b>ELDORADO SPG'S MO</b>
24. FUNERAL DIRECTOR <b>NAFUS, ELDORADO SPG'S</b>			25. DATE RECD. BY LOCAL REG. <b>9-27-58</b>		26. REGISTRAR'S SIGNATURE <b>Anna J. Perry</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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

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 *Hugh S. Allen* .....

Licensed Embalmer No. *2844* .....

P. O. Address *El Dorado St* .....

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.