

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043182  
STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 171

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b> 00510 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>606 Frisco Ave.</b>		Length of stay in 1b <b>36 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>606 Frisco Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MEDDA MAE JEROME</b>			4. DATE OF DEATH Month Day Year <b>Dec. 12, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1881</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hackett City, Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>M. W. Christopher</b>	
13b. MOTHER'S MAIDEN NAME <b>Selina Ann Barrett</b>		14. NAME OF HUSBAND OR WIFE <b>Clarence Jerome</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Tom Croddy</b> Address <b>Monett, Missouri</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>Probable coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/> <b>2</b>
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. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>April 9, 1957</b> to <b>Dec. 12, 1958</b> and last saw her alive on <b>Dec 5, 1957</b> Death occurred at <b>5:30</b> a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert P. Jodley M.D.</b> (Degree or title)		22b. ADDRESS <b>Monett, Mo.</b>	22c. DATE SIGNED <b>Dec 14 '59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/14/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	23d. LOCATION (City, town, or county) (State) <b>Monett, Missouri</b>
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b> ADDRESS <b>Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>13-14-58</b>	26. REGISTRAR'S SIGNATURE <b>me P. N. Cook</b>

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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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1258-249

DATE REC. 12-15-58

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 J. P. Buchanan.....

Licensed Embalmer No. 3179.....

P. O. Address Monett, 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.