

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5767 58-044923
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 209 Primary Registration District No. # # # # # Registrar's No. 422

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Palmyra 0640 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence R R 2 South River Twsp		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R R 2 South River Twsp Reside on Farm <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle Canby Last MEDCALF			4. DATE OF DEATH Month December Day 10 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1871
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months 21 Days 1 Hours 0 Min. 0 IF UNDER 24 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Marion County Missouri
13a. FATHER'S NAME William Medcalf		13b. MOTHER'S MAIDEN NAME Sarah Lester Martin	12. CITIZEN OF WHAT COUNTRY? U S A
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Katherine Neale
17. INFORMANT Charles Medcalf, R F D # 2 Palmyra Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 18-24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Uremia secondary to kidney shut-down			2 months
DUE TO (c) Prostatic hypertrophy			3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Transurethral prostatectomy 9-27-58			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 610X	
20c. TIME OF INJURY Hour Month, Day, Year 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 9-10-58 to 12-10-58 and last saw her/him alive on 12-9-58 Death occurred at 2:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. E. Dultzman M.D.		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	22c. DATE SIGNED 12-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/1958	23c. NAME OF CEMETERY OR CREMATORY Hydesburg Cemetery	23d. LOCATION (City, town, or country) (State) Ralls County Missouri
24. FUNERAL DIRECTOR ADDRESS W. Crawford Smith, Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 12-16-1958	26. REGISTRAR'S SIGNATURE W. E. M. Luck by X. C. Fisher

RECEIVED DEC 22 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 22 1958

North River Ferry

North River Ferry

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e.f.s.

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 *H. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address..... Hannibal, Missouri

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.