

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017233

STATE FILE NUMBER

FILED JUN 10 1959

Registration District No.

1047

Primary Registration District No.

2019

Registrar's No.

93

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Caruthersville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Presnell Hospital</b>		Length of stay in lb <b>3 Days</b>	d. STREET ADDRESS <b>411 E. 4th. Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Alvin</b> Last <b>Medlin</b>			4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>1959</b>			
5. SEX <b>Male</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>Sept. 21, 1888</b>	9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	11. BIRTHPLACE (City and state or country) <b>Bells, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Medlin</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Bell Langley</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>496 14 5698A</b>		17. INFORMANT Address <b>411 E. 4th. St</b> <b>Cora Bell Medlin - Caruthersville</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>Uremia</b> DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal-disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>4201</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 _____ Month _____ Day _____ a.m. _____ 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>5-22-59</b> to <b>5-24-59</b> and last saw him alive on <b>5-24-59</b> Death occurred at <b>1:20</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>H. P. Wilson M.D.</b> (Degree or title)			22b. ADDRESS <b>Kennett, Mo.</b>		22c. DATE SIGNED <b>6/9/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>May 27, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>H.S. Smith Funeral Home-C'ville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-4-59</b>	26. REGISTRAR'S SIGNATURE <b>Carl Husband</b>		

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 *W. Dewey Fike* \_\_\_\_\_

Licensed Embalmer No. *4484* \_\_\_\_\_

P. O. Address *Cynthiansville* \_\_\_\_\_

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.