

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022327
SERIAL NUMBER

FILED JUL 1 1959 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville, Mo.		c. CITY OR TOWN Caruthersville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 30 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last Walter Grey Medlin		4. DATE OF DEATH Month Day Year 5-31-1959	
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 Mar. 26, 1877
9. AGE (In years and birthdate) 82		IF UNDER 1 YEAR Months Day 2 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retiree		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Crocket Co. Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Alfred Medlin	
13b. MOTHER'S MAIDEN NAME Almeda Baules		14. NAME OF HUSBAND OR WIFE Della Medlin	
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. 499-05-0195	
17. INFORMANT Hardy Privett		Address Caruthersville, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serility			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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) 794X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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, 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 Caruthersville, Pemiscot, Mo.		COUNTY STATE	
21. I attended the deceased from May 1958 to May 31, 1959 and last saw him alive on 5-31-59 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. J. Aguirre, M.D.		22b. ADDRESS Caruthersville, Mo.	
22c. DATE SIGNED 6-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-2-59	
23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.		23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
24. FUNERAL DIRECTOR LaForge Undertkg. Co.		25. DATE RECD. BY LOCAL REG. 6-20-1959	
ADDRESS C'ville, Mo.		26. REGISTRAR'S SIGNATURE Freddie B. Welke	

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.

AUG 5 1959

JUN 29 1959

COURTHOUSE
CARTHAGESVILLE, MO.

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 *Noel C. Seaver*

Licensed Embalmer No. *3941*
P. O. Address *Carthage*

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.