

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KEYTESVILLE		Length of stay in 1b 7-YEARS	c. CITY OR TOWN KEYTESVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204-S. WATER ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 204-S. WATER ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ODIS BRYANT MEDLIN			4. DATE OF DEATH Month Day Year DEC. 25, 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 2, 1885	9. AGE (last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) KEYTESVILLE, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN MEDLIN	13b. MOTHER'S MAIDEN NAME MARTHA MEDLIN	14. NAME OF HUSBAND OR WIFE BESSIE MEDLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE.	17. INFORMANT Address MRS. BESSIE MEDLIN, KEYTESVILLE MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1957 to death.
IMMEDIATE CAUSE (a)	Chronic Myocarditis	1957 to death.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardio-vascular disease	From open
	DUE TO (c) Repeated "strokes"	1957 to death.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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. p.m. Month, Day, Year		

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 April 1957 to Dec. 25, 1959 last saw him alive on Dec. 24, 1959 . Death occurred at 9:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Carl C. Hagan	22b. ADDRESS M.D. Keytesville, Mo	22c. DATE SIGNED 12/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 27, 1959	23c. NAME OF CEMETERY OR CREMATORY BENNETT CEMETERY
24. FUNERAL DIRECTOR ADDRESS A.D. Bennett KEYTESVILLE, MO.		23d. LOCATION (City, town, or county) (State) CHARITON COUNTY, MO.

25. DATE RECD. BY LOCAL REG. 12/26/59	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

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. D. Garrett*

Licensed Embalmer No. 2046

P. O. Address *Key West*

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.