

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013230

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5431 Registrar's No. 84

AMENDED **FILED APR 25 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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

3. NAME OF DECEASED (Type or print) First George Middle W. Last Medina			4. DATE OF DEATH Month April Day 17 Year 1961		
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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 Apr. 17, 1882	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 0 Days 4 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Commerce, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Joseph Medina	13b. MOTHER'S MAIDEN NAME Anna Chase	14. NAME OF HUSBAND OR WIFE Florence Kirkwood
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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. None	17. INFORMANT Florence K. Medina	Address Lonedell, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE LEFT HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS
DUE TO (b) ARTERIO SCLEROTIC C.V. DISEASE		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UNDIAGNOSD GASTRIC NEOPLASM - PROBABLY CARCINOMA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <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.)
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20c. TIME OF INJURY Hour ; a.m. ; p.m. ;	Month, Day, Year
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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 St. Clair, Mo	COUNTY ;	STATE ;
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21. I attended the deceased from **1958** to **DEATH** and last saw him alive on **1-15-61**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John P. Pearl, M.D. (Degree or title)	22b. ADDRESS St. Clair, Mo	22c. DATE SIGNED 4-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
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24. FUNERAL DIRECTOR Casey-Lenox	ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. Apr. 18-61	26. REGISTRAR'S SIGNATURE Charley Smith
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APR 25 1961

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

K. M. Lenox, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, Me

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.