

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-035989**  
STATE FILE NUMBER

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **1085**

AMENDED

<b>FILED NOV 6 1961</b> 1. PLACE OF DEATH a. COUNTY <b>Buchanan</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b> Length of stay in 1b <b>?</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo River Bank, 2nd Mess.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b> c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <b>Unk</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Virgle</b> Last <b>Medley</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>23</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec 28, 1908</b>	9. AGE (last birthday) <b>52</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Fordlin Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</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>			17. INFORMANT Address <b>Tattooed on left wrist + card</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>Anoxia myocardial failure +</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Due to exertion + exposure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>at once</b> <b>at once</b> <b>at once</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>water to vessel had crawled up bank</b>				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
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.) <b>alcoholic fell in river crawled</b>		
20c. TIME OF INJURY Hour <b>9</b> a.m. Month, Day, Year <b>Oct 23 1961</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Pioneer Bank Co</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>St. Joseph</b>	COUNTY <b>Buchanan</b>	STATE <b>Mo</b>	
21. I attended the deceased from <b>onset of body</b> and last saw him alive on <b>Oct 23 - 61</b> Death occurred at <b>9</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				22c. DATE SIGNED <b>Oct 26 1961</b>
22a. SIGNATURE (Degree or title) <b>J.E. Meluney MD Coroner</b>		22b. ADDRESS <b>214 Rockford St. Joseph Mo</b>		22c. DATE SIGNED <b>Oct 26 1961</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/26/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunbridge Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo</b>	
24. FUNERAL DIRECTOR <b>John C. [unclear]</b> ADDRESS <b>St. Joseph, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 1, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY-AFFIDAVIT OF J.E. Meluney MD

