

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021795

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 195

FILED JUN 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Adair | | a. STATE Mo. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Length of stay in 1b 5 yrs | c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Nursing Home # 1 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1505 S. Baird Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH |
| First ROSA Middle ANN Last MEDLEY | | | Month June Day 18 Year 1962 |
| 5. SEX Female | 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 6-25-77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 9. AGE (last birthday) 84 |
| 11. BIRTHPLACE (City and state or country) Adair County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U S | |
| 13a. FATHER'S NAME Rueben Garrett | | 13b. MOTHER'S MAIDEN NAME Nancy Burchett | 14. NAME OF HUSBAND OR WIFE George W. Medley |
| 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 Ruth Love, Kirksville, 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 |
| IMMEDIATE CAUSE (a) Cardiac Decompensation | | | Days |
| DUE TO (b) Complete Cardiac Block | | | Days |
| DUE TO (c) Atherosclerotic Coronary Artery Disease | | | Longstanding |
| 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 checked="" 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.) | |
| 20c. TIME OF INJURY Hour 2:45 a Month, Day, Year April 28, 1958 | | 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 Green Castle, Sullivan, Mo. | |
| 21. I attended the deceased from April 28, 1958 to June 18, 1962 and last saw her alive on June 18, 1962 Death occurred at 2:45 a m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. Maddox | | 22b. ADDRESS KCOS-OPC-KON | 22c. DATE SIGNED 6-18-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-20-62 | 23c. NAME OF CEMETERY OR CREMATORY Green Castle | 23d. LOCATION (City, town, or county) (State) Green Castle, Sullivan, Mo. |
| 24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo. | | 25. DATE RECD. BY LOCAL REG. June 19, 1962 | 26. REGISTRAR'S SIGNATURE Doris W. Ratoff |

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION **Dr. Maddox**

Permit issued June 19, 1962

D. E. Maddox, D.O.

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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

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.