MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-017001
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 23

FILED MAY 16 1963

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie Twnshp. Length of stay in 1b 10 Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route one-C'ville.Mo. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 408 E/8th. Street Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Jimmie Middle Neville Last Medlin
4. DATE OF DEATH Month May Day 10, Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/27/09
9. AGE (last birthday) 53
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming - Renter
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Caruthersville,Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Lonnie Medlin
13b. MOTHER'S MAIDEN NAME Lillie Gallian
14. NAME OF HUSBAND OR WIFE Jewell Medlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi X
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs/ Jewell Medlin-Caruthersville.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH sudden
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) —
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ no
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -
20f. CITY, TOWN, OR LOCATION Caruthersville, COUNTY Pemiscot, STATE Mo.

21. I attended the deceased from May 10, 196 3 to May 10, 1963 and last saw her/him alive on DOA at hospital
Death occurred at May 10, 1963 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. L. Aguirre, M.D. (Degree or title)
22b. ADDRESS Caruthersville, Mo.
22c. DATE SIGNED 5-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 5-12-63
23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery
23d. LOCATION (City, town, or county) Caruthersville (State) Mo.

24. FUNERAL DIRECTOR H.S. SMITH F. HOME ADDRESS CARUTHERSVILLE, MO.
25. DATE REC'D. BY LOCAL REG. 5-11-63
26. REGISTRAR'S SIGNATURE Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0780		
2	07857		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	4201		
10			
11			
12	92-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

MAY 29 1963

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 W. Glover Fike

Licensed Embalmer No. 4484

P. O. Address Cantherville, 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.