

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16698  
2334

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>6 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1307 Cherry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		3148	

3. NAME OF DECEASED (Type or Print) <b>Cliff</b>	a. (First)	b. (Middle)	c. (Last) <b>Medlin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 29 51</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1901</b>	9. AGE (to years last birthday) <b>50</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mechanic</b>	11. BIRTHPLACE (State or foreign country) <b>Dernon Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>Medlin</b>	13b. MOTHER'S MAIDEN NAME <b>Lucia Ross</b>	14. NAME OF HUSBAND OR WIFE <b>Billie Medlin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>485-0-572</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harley Medlin</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 22, 1951, to May 29, 1951, that I last saw the deceased alive on May 29, 1951 and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns MD</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>5-31-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removed</b>	24b. DATE <b>5-31-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles</b>
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DATE REC'D BY LOCAL REG. <b>5-31-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Helmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cochran's Funeral Home</b>	ADDRESS <b>St. Charles</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

*The Writing*

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 .....  
Student Embalmer

Signed *Harold B. Ethernack*

Licensed Embalmer No. 3035

P. O. Address 1318 Quindaro

*St. Louis, 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 this body is not embalmed, fact should be so stated above.