

STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1951

BIRTH NO. REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY CHRISTIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BILLINGS	c. LENGTH OF STAY (in this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BILLINGS 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION FRIBOD RR. TRACKS		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) CLYDE	b. (Middle) -	c. (Last) MEDLIN	4. DATE OF DEATH (Month) (Day) (Year) OCT. 18 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 11-1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) BILLINGS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN B. MEDLIN	13b. MOTHER'S MAIDEN NAME LAURA A. ATON	14. NAME OF HUSBAND OR WIFE EMILY GASSLING
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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. 488-24-2187	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EMILY MEDLIN, BILLINGS, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Skull Fractures		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Struck By Train		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E802			

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) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. TRACK	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BILLINGS CHRISTIAN MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT. 18 1951 11:05 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? WALKING ON R.R. TRACKS
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Alan Harris 3rd Corporal Christian Co.	23b. ADDRESS Clever, Mo.	23c. DATE SIGNED Oct. 18. 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 21-1951	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY CHRISTIAN CO. MO.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Oct. 19 1951	REGISTRAR'S SIGNATURE Aline Dreier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 2 1951

Dist. File 1151-1935  
Date Filed 11-3-51

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.