

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1955

State File No. **11420**
Registrar's No. **55-29**

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153		Registrar's No. 55-29	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade 0290			
b. CITY OR TOWN Lockwood Mo		c. LENGTH OF STAY (in this place) 0 yrs		c. CITY OR TOWN Lockwood Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				STREET ADDRESS (If rural, give location) main st			
3. NAME OF DECEASED (Type or Print) a. (First) Lena		b. (Middle) Magdalene		c. (Last) Medlin		4. DATE OF DEATH (Month) (Day) (Year) April 22 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 26 1889		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing		11. BIRTHPLACE (City and State or Foreign Country) Kans		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adof Kirston		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE T.E. Medlin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-40-8708		17. INFORMANT'S SIGNATURE OR NAME T.E. Medlin ADDRESS Lockwood Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subtotal hysterectomy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5400				INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION April 13, 1955		19b. MAJOR FINDINGS OF OPERATION Gastric ulcer with gastric obstruction, Cholelithiasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from Jan , 19 53 , to 4-22- , 19 55 , that I last saw the deceased alive on 4-21 , 19 55 , and that death occurred at 8:00a m., from the causes and on the date stated above.							
23a. SIGNATURE Lee A. McNeely M.D. (Degree or title)				23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 4-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Lockwood		24d. LOCATION (City, town, or county) (State) Lockwood Mo	
DATE REC'D BY LOCAL REG. 4-30-55		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison ADDRESS Greenfield Mo.			

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

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.R. Allison*.....

Licensed Embalmer No. *440*.....

P. O. Address *Greenfield*.....

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.