MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-029784
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070
2 1140
3 1
4 1
5 0
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7 0
8 0
9 048X
10
11
12 1-2
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 66

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston — Length of stay in 1b: 12 Hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Texas Co. Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mountain Grove — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: MICHELLE Middle: ELIZABETH Last: MEDLEY

4. DATE OF DEATH: Month: July Day: 29 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/17/1961
9. AGE (last birthday): IF UNDER 1 YEAR: Months 9 Days 12 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mountain Grove, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Herbert A. Medlay
13b. MOTHER'S MAIDEN NAME: Ruby Lam
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Ruby Medley - Address: Mountain Grove, Mo

MEDICAL CERTIFICATION

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)	Medullary Failure	15 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Azotemia & Acute Renal Failure	16 hours
DUE TO (c)	Acute Dysentery	4 DAYS.

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 ☐
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 COUNTY STATE

21. I attended the deceased from 5 pm 7-28-62, to 7 AM 7-29-62 and last saw her alive on 7/29/62.
Death occurred at 7:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard A. Mitchell (Degree or title): DO
22b. ADDRESS: Mountain Grove, Mo
22c. DATE SIGNED: 8-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/31/1962
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Mountain Grove, Missouri

24. FUNERAL DIRECTOR ADDRESS: Barber Funeral Home - Mtn. Grove, Mo
25. DATE RECD. BY LOCAL REG.: Aug. 5, 1962
26. REGISTRAR'S SIGNATURE: Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Rainier, Md

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.