

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002702

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 26

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryville COUNTY Nodaway																				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 2 months		c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 422 South Walnut			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
3. NAME OF DECEASED (Type or print) SARAH ELIZABETH MEDSKER			4. DATE OF DEATH Month 2 Day 1 Year 63		5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/24/74		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home				11. BIRTHPLACE (City and state or country) Gulford, Mo.				12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME William J. Beggs				13b. MOTHER'S MAIDEN NAME Mary Wilson				14. NAME OF HUSBAND OR WIFE Tilghman Medsker, dec.				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. [REDACTED]				17. INFORMANT Address Mrs. Marvin Lyle, Maryville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral vascular disease - sclerosis + apoplexy (last stroke) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) stroke DUE TO (c) stroke												PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial asthma + previous strokes				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1961 to 2/1/63 and last saw her alive on 1-31-63 Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE (Degree or title) W.C. Baerman M.D.						22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 2/1/63															
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/3/63		23c. NAME OF CEMETERY OR CREMATORY Miriam				23d. LOCATION (City, town, or county) (State) Maryville, Missouri															
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.						ADDRESS		25. DATE RECD. BY LOCAL REG. 2-2-63		26. REGISTRAR'S SIGNATURE Bear Bolt													

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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 Clim M. Price

Licensed Embalmer No. 1522

P. O. Address Maryville 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.