

FILED JAN 20 1942

Registration District No. **576**

Primary Registration District No. **5-737A 5772** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **California, Rural Arr** State **Missouri**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **Jeanma Jane Medlen**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married; divorced **Widowed**

6. (b) Name of husband or wife **Joe Medlen** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 26 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	9	19	hr. _____ min.

9. Birthplace **High Point Mo. U**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

12. Name **William Satcliff**
13. Birthplace **High Point Mo. U**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Sen**
15. Birthplace **High Point Mo. D**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Medlen**
(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 16th, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodman Cem.**

18. (a) Signature of funeral director **G.N. Steffens**
(b) Address **Russellville, Mo.**

19. (a) **17** (b) **Margaret Martine**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) City or town **California Rural U** State **Missouri** (b) County **Moniteau 68**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15**
year **1941** hour **5** minute **5 A. M.**

21. I hereby certify that I attended the deceased from **5-23-1940** to **9-15-1940**
that I last saw her alive on **9-15-1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis** Duration **10 year**
Coronary Thrombosis
Due to **Fracture of Arm**
Due to **May 25 1940**

Other conditions **Zione**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Two**
Of autopsy **Two**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **12-18**
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H.R. Poppey** (M. D. or other) **O**
Address **California Mo** Date signed **12-19-41**

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

68
0
0

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
....., Registered Apprentice No.
working under my personal supervision.

Signed

G. M. Steffens

Licensed Embalmer No.

2307

P. O. Address

Russell Hill

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42538**

Registration District No. **576**

Primary Registration District No. **5773**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Monteau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Gemima J. Medlen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 26 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 19 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____ year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to fracture of arm
5-23-40
Due to to a fall from
which she never entirely
recovered
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____ 186⁰⁰
14
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H.R. Posey (M. D. or other)
Address California Date signed _____

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

SUPPLEMENTARY 5

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track and report on their operations, ensuring that all data is up-to-date and easily accessible.

2. The second section focuses on the role of leadership in fostering a culture of integrity and ethical behavior. It argues that leaders must set a clear example and communicate the organization's values consistently. By doing so, they can encourage employees to act with honesty and fairness, which ultimately leads to better performance and long-term success. The text also highlights the importance of regular communication and feedback loops to address any issues that may arise.

3. The third part of the document addresses the challenges of managing a diverse workforce. It notes that organizations must take into account the different backgrounds, experiences, and perspectives of their employees. This requires a flexible and inclusive approach to management, where everyone's contributions are valued and leveraged. The text provides several strategies for promoting diversity and inclusion, such as offering training and development opportunities and creating a supportive work environment.

4. The final section discusses the importance of innovation and continuous improvement. It states that organizations must stay ahead of the competition by constantly seeking new ideas and ways to optimize their processes. This involves encouraging a mindset of experimentation and learning from both successes and failures. The text also emphasizes the need for ongoing evaluation and adjustment of strategies to ensure they remain relevant and effective in a rapidly changing market.