

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1948

Registration District No. 219

Primary Registration District No. 5791

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town RURAL - HARRISON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 mi. - N-W. Eldon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 52 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 8 mi - N.W. - ELDON
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME NANCY - Elizabeth - Medlen

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Name of husband or GRANT - Medlen 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb 20 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>5</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace BAGNELL - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House - wife

11. Industry or business Home

12. Name Jacob Coffey

13. Birthplace BAGNELL - Mo
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county)

16. (a) Informant GRANT - Coffey

(b) Address High Point Mo

17. (a) BURIAL (b) Date thereof 1-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director Keith McKay

(b) Address ELDON Mo

19. (a) 1/26/48 (b) C.H. Nail
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 25
year 1948 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 11
to Jan 25, 1948

that I last saw her alive on Jan 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Generalized arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature Keaton Nathan (M. D. or other)

Address CALIFORNIA - Mo Date signed 1-26-48

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

MOTHER FATHER

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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 _____

Registered Apprentice No. _____
working under my personal supervision.

Signed *Keith McKays*
Licensed Embalmer No. 3998
P. O. Address Eldon 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.