FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 156

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 23305
Primary Registration District No. 2001
Registrar's No.

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

**1. PLACE OF DEATH:**
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FREEMAN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months (Specify whether
In this community 53 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** O. P. MELOY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDITH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 15 (Day) 1870 (Year)

8. AGE: Years 78 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Monroe County, Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Joplin Printing Company
FATHER
12. Name No Record
13. Birthplace
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. O. P. Meloy
(b) Address 206 Jackson, Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope, Joplin, Mo
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 7/2/48 (Date received local registrar) (b) Dolores Lampkins Dt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 28, year 1948 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from 3-4, 1948, to 6-28, 1948; that I last saw him alive on June 28, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Toxemia from Ca of prostate | 3 mos. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Parkinsons Syndrome | 4 yrs. |

Major findings:
Of operations
Of autopsy Not Permitted

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
(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 P. M. Walker (M. D. ~~[illegible]~~)
Address 518 Friscoe Bldg Joplin Mo Date signed 6-30-48

(Licensed Embalmer's Statement on Reverse Side)

48-6-604

OCT 11 1946

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**