FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23344

FILED AUG 6 1948

Registration District No. 7

Primary Registration District No. 5586

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Carthage Rt. # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. Carthage Rt. # 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Samuel Thomas Melugin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Orilla Rosella Melugin

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

7. Birth date of deceased January 29, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	6	1	..... hr. ..... min.

9. Birthplace Jasper County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name Thomas E. Melugin
13. Birthplace Jasper Co., Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rickner
15. Birthplace Jasper Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Melugin
(b) Address Carthage Rt. # 3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-48
(Month) (Day) (Year)
(c) Place: burial or cremation PARK CEMETERY

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison, Carthage

19. (a) 7-31-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from April, 1947, to July 30, 1948, that I last saw him alive on July 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chronic interstitial	10 yrs
Due to Senility	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 George H. Wood (M. D. or other)
Address Carthage Mo Date signed July 31, 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-7-650

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 John S. Dennehy

Licensed Embalmer No. 41940

P. O. Address _____

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.