

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u> c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamber's Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>110 North Grand</u>	
3. NAME OF DECEASED (Type or Print) <u>Mellie</u> a. (First) <u>Mellie</u> b. (Middle) <u>McJilton</u> c. (Last) <u>McJilton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec. 18, 1853</u>
9. AGE (In years last birthday) <u>95</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William W. McJilton</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Huston</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>8</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eunice Huston</u> ADDRESS <u>Liberty, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>422</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 6, 1949</u> to <u>Feb 6, 1949</u> , that I last saw the deceased alive on <u>Feb 6, 1949</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Dawson</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Eldorado Springs</u>	23c. DATE SIGNED <u>2-7-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Missouri</u>
DATE REC'D BY LOCAL REG. <u>FEB. 7, 1949</u>	REGISTRAR'S SIGNATURE <u>James W. Taylor</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Dawson</u> ADDRESS <u>Eldorado Springs, Mo.</u>	

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

RECEIVED

District Health Officer No. 7

District File Number 1-49-61

Date Filed 2-14-49

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

Student Embalmer.

Signed

James E. Backman

Licensed Embalmer No. 4573

P. O. Address *Edwards Spring*

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.