

FILED JUL 29 1949

STANDARD CERTIFICATE OF DEATH

23848

State File No.

49
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BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 2121

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Joplin)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marion	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) Rt # 4, Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Lauetta M. b. (Middle) Melcher c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 13, 1949.		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-22-1880		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Barton Co., Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME John Strong			13b. MOTHER'S MAIDEN NAME Louisa Offield			14. NAME OF HUSBAND OR WIFE John Melcher		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Melcher, Carthage, Rt #4.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH seconds	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 7-7, 1949, to 7-13, 1949, that I last saw the deceased alive on 7-13, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. R. Crawford, M.D.		23b. ADDRESS Joplin Mo.		23c. DATE SIGNED 7-15-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-49		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
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DATE REC'D BY LOCAL REG. 7-15-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed. C. Ulmer, Carthage, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-27-49
Jasper County Health Office

County File Number 49-7-570

Date Filed 7-28-49

SEP 2 1949

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 *John S. Renner*

Licensed Embalmer No. 4194

P. O. Address Carthage 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.