

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30772

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 403

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper, Mo | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 1923 Jackson | |

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|--|--|------------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Volia b. (Middle) Fishburn c. (Last) Melin | | | 4. DATE OF DEATH (Month) (Day) (Year) Sep. 8, 1949 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Sep. 11, 1885 | | 9. AGE (In years last birthday) 63 | | 10. IF UNDER 1 YEAR Days 11 Hours 28 | |
| 11. BIRTHPLACE (State or foreign country) Jasper County Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store | |

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|-----------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME Peter Fishburn | | 13b. MOTHER'S MAIDEN NAME Harriett Graham | | 14. NAME OF HUSBAND OR WIFE C. S. Melin | |
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|---|--|-------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. S. Melin, 1923 Jackson, Joplin Mo | |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis, 14 yrs. DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 10 days | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 331X | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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 8/25, 1949 to Sep 8, 1949, that I last saw the deceased alive on Sep 8, 1949, and that death occurred at 2 p. m., from the causes and on the date stated above.

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|--|--|------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>W. L. Huff</i> | | 23b. ADDRESS Joplin Mo | | 23c. DATE SIGNED 9/9/49 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | | 24b. DATE 9-10-1949 | | 24c. NAME OF CEMETERY OR CREMATORY Park Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Carthage, Missouri | |

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|---------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 8-9-49 | | REGISTRAR'S SIGNATURE <i>Eds James</i> 138 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo | |
|---------------------------------|--|--|--|---|--|

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

49
2

RECEIVED 9-26-49
Jasper County Health Office

County File Number 49-9-742
Date Filed 9-29-49

JAN 13 1950

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 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 with the above constitutes grounds for revocation of license.)

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