S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16466

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 498

1. PLACE OF DEATH
a. COUNTY: Green County Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Mo.
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harrison Rest Home 519 East Cherry St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark Mo.
d. STREET ADDRESS (If rural, give location): Ozark Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Kelley
b. (Middle): Frank
c. (Last): Melton

4. DATE OF DEATH (Month) (Day) (Year): May 27 - 1950

5. SEX: X
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Nov. 11 - 1866
9. AGE (In years last birthday): 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home Keeper
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Fuller
13b. MOTHER'S MAIDEN NAME: Mary Darnell
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): n (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Glessie Fowler, Sparta, Mo. ADDRESS

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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis. — 4 2 2 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — Apr 1950.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No.
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15, 1950, *to* May 27, 1950, *that I last saw the deceased alive on* May 20, 1950, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Newton Wallman M.D.
23b. ADDRESS: 626 Woodruff Bldg Springfield Mo.
23c. DATE SIGNED: 5-29-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31-50
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
24d. LOCATION (City, town, or county) (State): Christian County Mo

DATE REC'D BY LOCAL REG.: 5-30-50
REGISTRAR'S SIGNATURE: W E Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: T. B. Chaffin ADDRESS: Ozark, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.