

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19204

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>Maple Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Melton</u> c. (Last) <u>Melton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 73 - 2750</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1/10/1863</u>
9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR (Months) <u>3</u>	10. UNDER 1 RES. (Days) <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Charles Burris</u>	
13b. MOTHER'S MAIDEN NAME <u>Malenda Denton</u>		14. NAME OF HUSBAND OR WIFE <u>George M. Melton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Melton</u>		ADDRESS <u>Mtn. Grove</u>	
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) <u>cerebral appoplexy</u> INTERVAL BETWEEN ONSET AND DEATH ANCECEDENT 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>334X</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)		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) (Min.)		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>5/5</u> , 19 <u>50</u> , to <u>5/7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/6</u> , 19 <u>50</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. A. Ryan M.D.</u>		23b. ADDRESS <u>Mtn. Grove Mo.</u>	
23c. DATE SIGNED <u>5/2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/10/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stubbs</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-50</u>		REGISTRAR'S SIGNATURE <u>A. G. Ames</u> 348	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Barber</u>		ADDRESS <u>Mtn. Grove</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD.

No. 300

10. 48

RECEIVED
MAY 23 1950
WRIGHT CO. HEALTH DEPT.
Date Filed
County File Number
5-27-50
550-65

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
Student Embalmer

Signed *Russell Barber*
Student Embalmer No.

Licensed Embalmer No. *3848*

P. O. Address *Wm. Grove, 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.