

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21142**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>227</b>		
1. PLACE OF DEATH a. COUNTY <b>Pettis.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia, Mo.</b>		c. LENGTH OF STAY (in this place) <b>50 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Houstonia 0800</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital.</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nannie</b> b. (Middle) <b>Melvin</b> c. (Last) <b>May.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 28 50.</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 15 1865.</b>		
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>13</b>		IF UNDER 1 YEAR Hours <b></b> Mins. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Johnson County. O.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas B. Melvin.</b>			13b. MOTHER'S MAIDEN NAME <b>Mary M. Bohannon</b>			14. NAME OF HUSBAND OR WIFE <b>P. A. May</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Walter May, Houstonia, Missouri</b>				
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) <b>Complete Heart Block (Stroke Above)</b> ANTECEDENT CAUSES <b>Arteriosclerotic Heart Disease</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <b>Hypertension</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERNAL BETWEEN ONE AND TWO DEATHS <b>1200</b>	
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)		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 <b>July 1950</b> , to <b>June 1950</b> , that I last saw the deceased alive on <b>25 June, 1950</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>P. O. Coe</b>				23b. ADDRESS <b>W.D. Noster</b>		23c. DATE SIGNED <b>June 29, 1950</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 30, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster</b>		24d. LOCATION (City, town, or county) (State) <b>Knob Noster, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-30-1950</b>		REGISTRAR'S SIGNATURE <b>W. J. Campbell M.D.</b>		FEDERAL DIRECTOR'S SIGNATURE <b>W. J. Campbell</b>		ADDRESS <b>Sedalia, Mo.</b>		

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

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(If typed, Embalmers' Statement on Reverse Side)

RECEIVED 7-10-54  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7-10-54

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 \_\_\_\_\_

*D. W. Heckart*

Licensed Embalmer No. 3470

P. O. Address. Sedalia, 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.