

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **23851**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5589** Registrar's No. **121**

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 town) "Rural" Union		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Union	
c. LENGTH OF STAY (In this place) 60 Yrs.		d. STREET ADDRESS (If rural, give location) Rt. #3 Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #3 Carthage, Mo.			

3. NAME OF DECEASED a. (First) Callie b. (Middle) E. c. (Last) MELUGIN			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 28, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
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) Carthage, Mo. (Rural)	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Jacob H. Ulmer	13b. MOTHER'S MAIDEN NAME L. Vaughn	14. NAME OF HUSBAND OR WIFE Samuel J. Melugin
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Eliza A. Melugin	ADDRESS Route #3 Carthage, Mo.
---	-------------------------------------	--	---------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pneumonia		OBSERVE BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT 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.		

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) (Minute) _____	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 **5-8-1950**, to **7-8-1950**, that I last saw the deceased alive on **7-6-1950**, and that death occurred at **7:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Bragdon M.D. (Degree or title)	23b. ADDRESS Reeds, Mo.	23c. DATE SIGNED 7-9-50
--	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-12-1950	24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery	24d. LOCATION (City, town, or county) (State) S. E. Of Carthage, Mo.
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 7-12-1950	REGISTRAR'S SIGNATURE L. B. Clinton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home ADDRESS Carthage, Mo.
---	---	---

Embalmer's Statement on Reverse Side

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

0490

RECEIVED 7-17-50
Jasper County Health Office

County File Number 50-7-530

Date Filed 7-17-50

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.

Student
Student Embalmer

Signed *Gene C. Pugh*
Gene. C. Pugh.

Licensed Embalmer No. 4231

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.