

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20221

| | | | | | | | | |
|--|--|--|---|---|--|--|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>4</u> | | PRIMARY REG. DIST. NO. <u>431</u> | | Registrar's No. <u>59</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton Mo.</u> | | c. LENGTH OF STAY (in this place) <u>10 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fallon Rural</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0920</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u> b. (Middle) _____ c. (Last) <u>Melton</u> | | | 4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>14</u> (Year) <u>50</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH _____ | | |
| 9. AGE (In years last birthday) <u>80</u> | | 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) <u>Retired farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Wm Melton</u> | | | 13b. MOTHER'S MAIDEN NAME <u>not known</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Melton Fallon Mo</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Melton Fallon Mo</u> | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | | | | | | | <u>1 week</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism</u> | | | | | | | | <u>none</u> |
| DUE TO (c) <u>Generalized arteriosclerosis</u> | | | | | | | | <u>none</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | <u>332X</u> |
| 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 <u>Aug 4</u> , 19 <u>50</u> , to <u>Aug 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 13</u> , 19 <u>50</u> , and that death occurred at <u>8:50 am.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold Hoelscher M.D.</u> | | | | 23b. ADDRESS <u>Warrenton Missouri</u> | | 23c. DATE SIGNED <u>Aug. 14</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 17/1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-22-50</u> | | REGISTRAR'S SIGNATURE <u>Lloyd Logan</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Kettly</u> | | ADDRESS <u>Fallon Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

090
4

File No.

DISTRICT HEALTH OFFICE No. 4

SEP - 7 1950

RECEIVED

Handwritten notes and signatures at the top of the page, including a signature that appears to be "E. Keithly".

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 _____

E. Keithly

Licensed Embalmer No. _____

857

P. O. Address _____

Dallow N

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.