

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7231

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarence</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarence 1024</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) <i>AMANDA</i>	a. (First) _____	b. (Middle) <i>JANE</i>	c. (Last) <i>MELSON</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>JAN. 27 1951</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>March 16, 1867</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>11</i>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>

13a. FATHER'S NAME <i>James D. Livingston</i>	13b. MOTHER'S MAIDEN NAME <i>Lucy Bureau</i>	14. NAME OF HUSBAND OR WIFE <i>James H. Melson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) _____ (If yes, give war & dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Pauline Glahn, Hajos Grove, Mo.</i>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy</i>		
	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.		334 X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *Jan 25*, 19*51*, to *Jan 27*, 19*51*, that I last saw the deceased alive on *Jan 27*, 19*51*, and that death occurred at *7 9* m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. L. Hallen MD</i> (Degree or title)	23b. ADDRESS <i>Clarence, Mo.</i>	23c. DATE SIGNED <i>2-14-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 29, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maplewood</i>	24d. LOCATION (City, town, or county) (State) <i>Clarence, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>2-28-51</i>	REGISTRAR'S SIGNATURE <i>Ada Garrison</i>	419	25. FUNERAL DIRECTOR'S SIGNATURE <i>Happer, Funeral Home</i>	ADDRESS <i>Clarence</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: MAR 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-481  
Date Filed: MAR 6 1951

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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 *James E. Hager*.....

Licensed Embalmer No. *4261*.....

P. O. Address *Blaine, 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.