

S. No. 300  
V. 10.48

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15750  
Registrar's No. 195

BIRTH NO. _____		REG. DIST. NO. <u>4.3</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>195</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural Neelyville Star Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Coon Island Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				3. NAME OF DECEASED a. (First) <u>Noble</u> b. (Middle) <u>Paul</u> c. (Last) <u>Melton</u>					
4. DATE OF DEATH <u>May 5, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>			
8. DATE OF BIRTH <u>June 9, 1936</u>		9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At School</u>		11. BIRTHPLACE (State or foreign country) <u>Tereehaute Indiana</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Marshal R. Melton</u>		13b. MOTHER'S MAIDEN NAME <u>Hellen Davis</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS					
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) <u>Tetanus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Deep laceration Rt. foot</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		012 69137 c			
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) <u>46</u> (COUNTY) (STATE)		21d. TIME OF INJURY <u>April 28-51 ? m.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>at play - Lacerated foot.</u>		22. I hereby certify that I attended the deceased from <u>3 May, 1951</u> , to <u>5 May, 1951</u> , that I last saw the deceased alive on <u>4 May, 1951</u> , and that death occurred at <u>4:05A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>		23c. DATE SIGNED <u>8 May 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Mar 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County Mo.</u>		DATE REC'D BY LOCAL REG. <u>May 9 - 1951</u>			
REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		423		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff Mo.</u>					

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

RECEIVED

MAY 15 1961

BUTLER CO. HEALTH CENTER

FILE No. 551-206

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. ....

Signed \_\_\_\_\_

*George A. Kerby*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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.