

FILED JAN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42242

BIRTH NO. REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5719 Registrar's No. 130

1. PLACE OF DEATH  
a. COUNTY Macon  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY MACON MO  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier Rural  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) Ralph b. (Middle) Mellor c. (Last) Mellor

4. DATE OF DEATH (Month) (Day) (Year)  
12-16-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Never Married

8. DATE OF BIRTH 5-25-88 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Webster Co Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Don't know

13b. MOTHER'S MAIDEN NAME Don't know

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. ✓

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Stan Fisher Bevier 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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Man found dead.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
Investigation revealed no  
II. OTHER SIGNIFICANT CONDITIONS  
possible date of death as Dec 16, 51  
Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH  
Inst.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) (Min)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 4201

22. I hereby certify that: I attended the deceased from 12/16/51 to 12/16/51, 1951, that I last saw the deceased alive on 12/16/51, 1951, and that death occurred 12/16/51 from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles T. Hutton

23b. ADDRESS Bevier, Mo.

23c. DATE SIGNED 12/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/18/51

24c. NAME OF CEMETERY OR CREMATORY West Oakwood

24d. LOCATION (City, town, or county) (State) Bevier Mo

DATE REC'D BY LOCAL REG. 12-22-51

REGISTRAR'S SIGNATURE Josephine King

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwards Bevier Mo

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

RECEIVED 1.4.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 1.52.3  
Date Filed 1.8.52

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 not embalmed

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed J. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Chiles Rd

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.