

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24871

State File No.

~~FILED~~ AUG 6 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584 Registrar's No. 138

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural-McDonald Twnshp</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural- McDonald Township</u> <u>0490</u> | |
| c. LENGTH OF STAY (In this place) <u>60 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 1, Reeds, Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Reeds, Mo</u> | | | |

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|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>FRANCIS</u> | b. (Middle) <u>EMMETT</u> | c. (Last) <u>MELIN</u> | (Month) <u>July</u> | (Day) <u>20,</u> | (Year) <u>1952</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov 29, 1878</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Osage County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Victor Melin</u> | 13b. MOTHER'S MAIDEN NAME <u>Clementine</u> | 14. NAME OF HUSBAND OR WIFE <u>Flossie Stemmons Melin</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs F.E. Melin, Route 1, Reeds, Mo</u> |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Myocarditis, Chronic, interstitial</u> | | |
| | 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. <u>Paralysis agitans, Not result of encephalitis</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | |

| | | |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Reeds #1, Jasper, Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 22 1952 8A</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Slept on rug.</u> |

22. I hereby certify that I attended the deceased from May 22, 1952, to July 20, 1952 that I last saw the deceased alive on July 13, 1952, and that death occurred at 2:35p m., from the causes and on the date stated above.

| | | |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>George H. Wood</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Carthage, Mo</u> | 23c. DATE SIGNED <u>7-21-52</u> |
|--|----------------------------------|---------------------------------|

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|---|--|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>7-24-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Williams</u> | 24d. LOCATION (City, town, or county) (State) <u>avilla</u> |
| DATE REC'D BY LOCAL REG. <u>7-23-52</u> | REGISTRAR'S SIGNATURE <u>L.B. Clutter MD</u> <u>1391</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u> | |

RECEIVED 7-31-52

Jasper County Health Office

County File Number 52/8/603

Date Filed 8-2-52

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank W. Kell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.