S. No. 300
v. 10.48

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27231

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 904

1. PLACE OF DEATH
a. COUNTY Buchanan 017
b. CITY OR TOWN St. Joseph. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph. 017
d. STREET ADDRESS (If rural, give location) 2809 So. 22nd St.

3. NAME OF DECEASED (Type or Print)
a. (First) Lulu
b. (Middle) Mae
c. (Last) Melbourne

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1952.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 27, 1912
9. AGE (In years last birthday) 39
If under 1 year: Months | Days
If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Katz Drug Co.
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Perlie B. Sherman.
13b. MOTHER'S MAIDEN NAME Catherine L. Mellinger
14. NAME OF HUSBAND OR WIFE William J. Melbourne.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-14-0384
17. INFORMANT'S SIGNATURE OR NAME W. J. Melbourne, ADDRESS City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Diabetes — 25 yrs.
DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tumor in Hunter's Canal (Right) 2 mos.

19a. DATE OF OPERATION Aug 21, 1952
19b. MAJOR FINDINGS OF OPERATION Operation not started
20. AUTOPSY? No. 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1952, *to* Aug 21, 1952, *that I last saw the deceased alive on* Aug 21, 1952, *and that death occurred at* 8:42 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. N. Morgan (Degree or title) D.O.
23b. ADDRESS 418 Kirkpatrick Bldg
23c. DATE SIGNED 8/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/23/1952
24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
24d. LOCATION (City, town, or county) Buchanan County (State) Mo.

DATE REC'D BY LOCAL REG. August 28, 1952
REGISTRAR'S SIGNATURE Carl C. Casteel
25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 W E Edmonston

Signed.....
Student Embalmer

Licensed Embalmer No. 4791

P. O. Address 316 S 10th St Joseph, 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.