

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 757
 Registrar's No. 66

FILED JAN 15 1953

BIRTH NO. 37557 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

3264
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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|--|--|---|--|--|------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Cole Co.</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u> | | c. LENGTH OF STAY (In this place) <u>3 Days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamestown, Mo</u> | | Tinn <u>0680</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>Jamestown, Mo</u> | | |

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|---|-------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Karen</u> b. (Middle) <u>Kay</u> c. (Last) <u>Melander</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>June 28 1952</u> | | 9. AGE (In years last birthday) <u>6</u> Months <u>15</u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Paul Melander</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pearl Kendell</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Paul Melander</u> ADDRESS <u>Jamestown, Mo</u> | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperpyrexia and convulsions</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Gastro-Enteritis</u> | | | <u>48 hrs.</u> |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Jan 9, 1953, to Jan 11, 1953, that I last saw the deceased alive on Jan 11, 1953 and that death occurred at 7:34 P.m., from the causes and on the date stated above.

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|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>John D. Bennett, M.D.</u> | | 23b. ADDRESS <u>Jefferson City, Mo.</u> | | 23c. DATE SIGNED <u>1-11-53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/14/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Caledonia, Mo</u> |
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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan 12-1953</u> | | REGISTRAR'S SIGNATURE <u>R. P. Dorrin M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Coulter</u> ADDRESS <u>California Mo</u> | |
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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 Earl Poulin

Licensed Embalmer No. 2126

P. O. Address California, etc.

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.