

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6521  
03V1953

FILED FEB 26 1953  
BIRTH NO. 9534 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 State File No. 03V1953 Registrar's No. 18701

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>           |  | 2. USUAL RESIDENCE (Where deceased lived immediately before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |
| b. CITY OR TOWN <u>Joplin</u>                          |  | c. CITY OR TOWN <u>Joplin</u>  |  |
| c. LENGTH OF STAY (In this place) <u>3 hours</u>       |  | d. STREET ADDRESS (If rural, give location) <u>1730 Murphy Blvd.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u> |  |  |  |

|  |             |   |  |   |
|--|-------------|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Melinda Fay</u>  |             |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-53</u> |   |
| a. (First)   | b. (Middle) | c. (Last)   |  |   |
| 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>2-15-1953</u>  |             | 9. AGE (In years) (last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u> IF UNDER 18 HRS. Hours <u>5</u> Min. |  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> |             | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |             |   |  |   |

|   |  |   |  |                             |  |
|---|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME <u>Robert E. Fay</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Bette Lee LaBrot</u> |  | 14. NAME OF HUSBAND OR WIFE |  |
|---|--|---|--|-----------------------------|--|

|  |  |                                     |  |  |  |
|--|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No or unknown) <u>None</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>none</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert E. Fay</u> ADDRESS <u>1730 Murphy Blvd Joplin, Mo.</u> |  |
|--|--|-------------------------------------|--|--|--|

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>  |  | DUE TO (b) _____   |  |  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES  |  |  |   |  |
|  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |   |  |
|  |  | DUE TO (c) <u>7620</u>   |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple congenital anomalies - absent kidneys, uterus etc.</u> |  |  |   |  |

|                        |  |                                  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|---|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 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 2-15, 1953, to 2-15, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

|   |  |                                     |  |                                 |  |
|---|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Juliette M. Clinch M.D.</u> |  | 23b. ADDRESS <u>327 Funks Bldg.</u> |  | 23c. DATE SIGNED <u>2/16/53</u> |  |
|---|--|-------------------------------------|--|---------------------------------|--|

|   |  |                            |  |   |  |  |  |
|---|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>2-17-1953</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u> |  |
|---|--|----------------------------|--|---|--|--|--|

|   |  |  |  |   |  |                    |  |
|---|--|--|--|---|--|--------------------|--|
| DATE REC'D BY LOCAL REG. <u>2/19/53</u> |  | REGISTRAR'S SIGNATURE <u>Edw. J. ...</u> |  | FUNERAL DIRECTOR'S SIGNATURE <u>Wm. ...</u> |  | ADDRESS <u>...</u> |  |
|---|--|--|--|---|--|--------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-24-53  
Jasper County Health Office

County File Number 53/2/194  
Date Filed 2-25-53

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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 \_\_\_\_\_

*William E. Hubbard*

Licensed Embalmer No. 4770

P. O. Address \_\_\_\_\_

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.