

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6905

State File No. _____

FILED FEB 17 1953

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 6

| | | | |
|----------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u> | |
| b. CITY OR TOWN <u>East Prairie</u> | c. LENGTH OF STAY (in this place) <u>45 yrs</u> | c. CITY (If outside corporate limits, write RURAL, and give township) <u>0670</u> OR TOWN <u>East Prairie</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural, St. James Twp.</u> | |

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|-------------------------------------|---------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>CHARLES</u> | b. (Middle) <u>CRITINGTON</u> | c. (Last) <u>MELTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-31, 1953</u> |
|-------------------------------------|---------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|

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|--------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------|
| 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>April 22, 1888</u> | 9. AGE (in years last birthday) <u>65</u> | # UNDER 1 YEAR Months <u>9</u> Days <u>9</u> | # UNDER 1 Wks. Hours <u></u> Mins. <u></u> |
|--------------------|-------------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------|

| | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kawatta, Ky</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|

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|---------------------------------------|-------------------------------------------------|-------------------------------------------------|
| 13a. FATHER'S NAME <u>Bill Melton</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia Pawleigh</u> | 14. NAME OF HUSBAND OR WIFE <u>Frona Melton</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>unk</u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frona Melton - East Prairie, Mo.</u> | ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | 19. INTERVAL BETWEEN ONSET AND DEATH <u>334 X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis 1 yr</u> DUE TO (c) <u></u> | | |
| 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 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) | 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 31, 1953, to Jan 31, 1953, that I last saw the deceased alive on Jan 31, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

| | | |
|------------------------------------------------------|------------------------------------------|--------------------------|
| 23a. SIGNATURE <u>G. Martie MD</u> (Degree or title) | 23b. ADDRESS <u>East Prairie Mo 2453</u> | 23c. DATE SIGNED <u></u> |
|------------------------------------------------------|------------------------------------------|--------------------------|

| | | | |
|---------------------------------------------------------|------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 1, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u> |
|---------------------------------------------------------|------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|

| | | | |
|-----------------------------------------|-------------------------------------------------|-----------|-----------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>2-11-53</u> | REGISTRAR'S SIGNATURE <u>Gertrude G. Harber</u> | 1953-1-19 | FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby</u> ADDRESS <u>East Prairie, Mo</u> |
|-----------------------------------------|-------------------------------------------------|-----------|-----------------------------------------------------------------------------------|

(Licensee Embalmer's Statement on Reverse Side)

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

No. 300
10.48
0679

FEB 11 REC'D
FEB 11 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed FEB 16 1953

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 _____

Travis Wade Shelby Jr.
working under my personal supervision.

Student Embalmer No. 467

Student *Travis W. Shelby Jr.*
Student Embalmer

Signed

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.