5. No. 300
. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1953

State File No. 11049

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grape Grove
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles south Cowgill, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ray
c. CITY (If outside corporate limits, write RURAL and give township): Rural-Grape Grove Twp. 0890
d. STREET ADDRESS (If rural, give location): 0 6 miles south Cowgill, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) IRENE b. (Middle) BELLE c. (Last) MELTE

4. DATE OF DEATH (Month) (Day) (Year): 4/1/1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 7, 1891
9. AGE (In years last birthday): 62 If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housekeeper
11. BIRTHPLACE (City and State or Foreign Country): Novinger, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Charles McCall
13b. MOTHER'S MAIDEN NAME: Nancy Keesaman
14. NAME OF HUSBAND OR WIFE: Bernard Melte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Tommy Melte Braymer, Mo.

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): Myocardial Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypostatic Pneumonia — 10 days
DUE TO (c): Senile Gangrene both feet — 8 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 455 X
20. AUTOPSY? 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* 3-9, 1949, *to* 4-1, 1953, *that I last saw the deceased alive on* 4-1, 1953, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Polo Mo
23c. DATE SIGNED: 4-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/3/1953
24c. NAME OF CEMETERY OR CREMATORY: Cowgill cemetery
24d. LOCATION (City, town, or county) (State): Cowgill, Mo.

DATE REC'D BY LOCAL REG.: April 11-1953
REGISTRAR'S SIGNATURE: Mabel Jackson 273-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gene B. Michael, Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1953

MAY 21 1959

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 Gene B. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.