

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29715

State File No. _____

FILED SEP 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 301

941
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kidder</u>	
c. LENGTH OF STAY (in this place) <u>6 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 Woodland Dr.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lelia</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Meloy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 26 1876</u>		9. AGE (In years last birthday) <u>76</u> <u>10</u> <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Martinsville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>				11. BIRTHPLACE				12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Hubert Hestehuis</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Clappool</u>				14. NAME OF HUSBAND OR WIFE <u>Charles F. Meloy</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Mrs Homer Green, 921 Woodland Dr., Farmington, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition & Debilitation</u> INTERVAL BETWEEN ONSET AND DEATH <u>5-6 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Primary Carcinoma of Stomach</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>151X</u>								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 July 5th 1953, to Aug 30, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul P. Edgar 2 DO.</u>		23b. ADDRESS <u>17 S Jackson, Farmington, Mo.</u>		23c. DATE SIGNED <u>Aug 30, 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kidder, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>White Funeral Home, Farmington, 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 Reuel J. White

Licensed Embalmer No. 3012

P. O. Address Durham, N.C.

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.