No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34810

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 552 PRIMARY REG. DIST. NO. 6189 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersite Mo
c. LENGTH OF STAY (In this place): many years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersite 1060 0
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Thomas-Clarence
c. (Last): Melton

4. DATE OF DEATH (Month) (Day) (Year): 9 - 4 - 53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 5-1881
9. AGE (In years last birthday): 71 2
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Farming
11. BIRTHPLACE (State or foreign country): Taney Co Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Melton
13b. MOTHER'S MAIDEN NAME: Melissa Melton
14. NAME OF HUSBAND OR WIFE: Effie Melton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Effie Melton
ADDRESS: Powersite 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): High Blood Pressure — 5 yrs
DUE TO (c):

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: 331X
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* 9/4, 1953, *to* 9/4, 1953, *that I last saw the deceased alive on* 9/4, 1953, *and that death occurred at* 11 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry T. Edwards (Degree or title): MD
23b. ADDRESS: Branson, Mo
23c. DATE SIGNED: 9/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-6-53
24c. NAME OF CEMETERY OR CREMATORY: Edwards
24d. LOCATION (City, town, or county) (State): Kirbyville Mo

DATE REC'D BY LOCAL REG.: 9-15-53
REGISTRAR'S SIGNATURE: L E Copwer 376
25. FUNERAL DIRECTOR'S SIGNATURE: R. O. Wheeler
ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Minnie P. Nichols

Licensed Embalmer No. 2277

P. O. Address Benson 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.