

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36508

State File No. \_\_\_\_\_

FILED OCT 20 1953

BIRTH NO. 128 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5747 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MAYOULAND MO</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural MAYOULAND, MO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>06201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHAS</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>MELROY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-7-1897</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SA box (COM)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NORTON KANS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>MICHAEL MELROY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HALL</u>	14. NAME OF HUSBAND OR WIFE <u>ALLIE MELROY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>21-484-06-1129</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALLIE MELROY</u> ADDRESS <u>MAYOULAND 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE HEMORRHAGE.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RUPTURED AORTIC ANEURYSM.</u> <u>45 MIN.</u>		
	DUE TO (c) <u>AORTIC ANEURYSM.</u> <u>8 MONTHS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>8-24-53.</u>	19b. MAJOR FINDINGS OF OPERATION <u>AORTIC ANEURYSM.</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) _____	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 8-1, 1953, to 10-13, 1953, that I last saw the deceased alive on 8-11, 1953, and that death occurred at 12:48 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch. Michael, M.D. B.A. NICHOLS, M.D.</u>	23b. ADDRESS <u>FREDERICKTOWN, MO</u>	23c. DATE SIGNED <u>10-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN MO</u>
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DATE REC'D BY LOCAL REG. <u>10-16-53</u>	REGISTRAR'S SIGNATURE <u>Lourence Stecker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON CO. HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
OCT 19 1958  
REGISTERED

FILE No. 1053-23

NOV 17 1958

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.