

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **158**

No. 300  
10.48

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>207 North 10th St.</u>				e. STREET ADDRESS (If rural, give location) <u>207 North 10th St.</u> <span style="float:right">0105 0</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>BELLE</u> c. (Last) <u>MELLOWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1954</u>					
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>July 5, 1877</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Columbus Grant</u>			13b. MOTHER'S MAIDEN NAME <u>Susan (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>George Robert Melloway</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilburn Melloway, Columbia, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis (Primary in upper G.-I. tract)</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Hypertensive Cardiovascular Disease</u>					10 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min) _____		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 <u>1-8-1954</u> to <u>1-20-1954</u> , that I last saw the deceased alive on <u>1-17-1954</u> , and that death occurred at <u>11:35 A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James M. McKin</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>510a Cherry, Columbia, Mo.</u>		23c. DATE SIGNED <u>1.22.54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 22 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.G. Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber Funeral Service, Columbia, Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  
*J. P. Phillips*

Licensed Embalmer No. 489

P. O. Address Columbia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.