

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4154

State File No. ....

BIRTH NO. FILED **MAR 4 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **H059** Registrar's No. **166**

0120

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Quilin</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Quilin</b>  |  |
| c. LENGTH OF STAY (In this place)<br><b>54yrs.</b>                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>City</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>City</b>                                |  |  |  |

|  |             |                             |  |
|--|-------------|-----------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>WILL</b> | b. (Middle) | c. (Last)<br><b>MELTON.</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Feb. 22, 1954</b> |
|--|-------------|-----------------------------|--|

|   |                                  |   |  |  |   |   |
|---|----------------------------------|---|--|--|---|---|
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Feb. 21, 1878</b> | 9. AGE (In years last birthday)<br><b>76</b>                 | 10. UNDER 1 YEAR<br>Months <b>0</b> Days <b>1</b> | 11. UNDER 18 HRS.<br>Hours <b>1</b> Min.      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                       |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>Job F. Melton</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Matham</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Bell Melton</b> |
|--|---|---|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Will Melton, Quilin, Mo</b> | ADDRESS |
|---|--|--|---------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2-19-54</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  |  |  |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerosis</b><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>331X</b> | 20. AUTOPSY?<br>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) | 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 **1-12**, 19**54**, to **2-21**, 19**54**, that I last saw the deceased alive on **2-18**, 19**54**, and that death occurred at **7:30 Am.**, from the causes and on the date stated above.

|  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><i>Wm. Hutchinson M.D.</i> | 23b. ADDRESS<br><b>Bluff, Mo</b> | 23c. DATE SIGNED<br><b>2-26-54</b> |
|--|----------------------------------|------------------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Feb. 25, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Quilin Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Quilin, Missouri</b> |
|--|-----------------------------------|--|--|

|  |   |   |         |
|--|---|---|---------|
| DATE REC'D BY LOCAL REG.<br><b>2/27/54</b> | REGISTRAR'S SIGNATURE<br><i>A. H. Murrell</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Landess Funeral Home, Campbell, Mo</b> | ADDRESS |
|--|---|---|---------|

427-0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MAR 1 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

MAR 8

MAR 10 1954

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 *Christina M. Lander*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.