

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9762

State File No.

FILED APR 6 1954 REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 438

1. PLACE OF DEATH a. COUNTY Ripley County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 1, Doniphan, Missouri	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) About 1 1/2 south Rt. 1, of Doniphan, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Happy Home Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) F	c. (Last) Melton	4. DATE OF DEATH (Month) (Day) (Year) March 20, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 26, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 24 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Howell County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alonzo Reed	13b. MOTHER'S MAIDEN NAME Mary Laphone	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tilda Vance-Doniphan, Mo. Rt. 1	ADDRESS
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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) Luteinemia		INTERVAL BETWEEN ONSET AND DEATH 1-1-54
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-1-54** to **3-20**, 19**54**, that I last saw the deceased alive on **3-19**, 19**54**, and that death occurred at **3:32** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Fortson M.D.	23b. ADDRESS Doniphan Mo 3-22-54	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-54	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Oregon County, Missouri
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DATE REC'D BY LOCAL REG. 3-22-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE N. G. McNabb	ADDRESS Pocahontas, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1950

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.....

H. G. McNabb

Licensed Embalmer No. *610*

P. O. Address *Pocolontus, Ark*

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.