

FILED APR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11654

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>JACKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>	
c. LENGTH OF STAY (in this place) <u>10 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>210 No. VANHENTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FIMUNTI</u>	b. (Middle) <u>PRESTON</u>	c. (Last) <u>MELSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27-1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29-1866</u>	9. AGE (In years last birthday) <u>87</u>	10. 1 YEAR <u>0</u>	11. 1 MONTH <u>0</u>	12. 1 DAY <u>0</u>	13. 1 HOUR <u>0</u>	14. 1 MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>city - country</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New London, Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel J. Melson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Benditow</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Stancisi per Melson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary E. Melson - Kennett, Mo.</u>	ADDRESS <u>Kennett, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 Mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Fractured hip -</u>		
DUE TO (c) <u>Senility - General</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Sclerosis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>Operation - Fractured hip - 9/27/53.</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)
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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?
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22. I hereby certify that I attended the deceased from 9-22, 1953, to 4-27, 1954, that I last saw the deceased alive on 4-27, 1954, and that death occurred at 4:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Johnson M.D.</u>	23b. ADDRESS <u>Kennett Mo</u>	23c. DATE SIGNED <u>4-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr-29-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-28-54</u>	REGISTRAR'S SIGNATURE <u>Carl Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Johnson</u>	ADDRESS <u>Kennett, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT X-29-54
COUNTY FILE NUMBER 454-12

9961 6 NOT

FEB 7 1908

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 _____

LYMAN R. CUNNINGHAM

Student Embalmer No. 503

working under my personal supervision.

Student

Lyman R. Cunningham
Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.