

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16412**

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5585</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Rural Madison</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Reeds, Mo. # 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reeds, Mo. Route # 1</u>				e. STREET ADDRESS (If rural, give location) <u>Reeds, Mo. # 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Elvis</u> c. (Last) <u>Melugin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>2-13-1905</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reeds, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reeds, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. W. Melugin</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Rickner</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Hazelin Melugin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. E. Melugin, Reeds, Mo. # 1</u>			
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon with</u> ANTECEDENT CAUSES <u>Metastasis generalized</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153 X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
19a. DATE OF OPERATION <u>Dec 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Colon - Metastasis to Liver</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>none</u>		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) _____	
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 <u>Dec 1, 1953</u> to <u>May 8, 1954</u> , that I last saw the deceased alive on <u>May 8, 1954</u> , and that death occurred at <u>9:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. Wood M. D.</u>				23b. ADDRESS <u>Canthage, Mo.</u>		23c. DATE SIGNED <u>5-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hackney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-11-54</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Christensen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilmer Funeral Home, Canthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-4  
490

SEP 14 1954

RECEIVED MAY 21 1954  
Jasper County Health Office  
County File Number 54-5-379  
Date Filed MAY 21 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.....  
Signature of Student Embalmer

Signed..... *William B. Cantrell*

Licensed Embalmer No. *880*

P. O. Address..... *Corth...*

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.