

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22078

BIRTH NO. --- REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 W. Ash St.		e. STREET ADDRESS (If rural, give location) 209 W. Ash St. 01050	

3. NAME OF DECEASED (Type or Print) a. (First) Silas b. (Middle) W. c. (Last) Melloway			4. DATE (Month) (Day) (Year) OF DEATH July 30, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Employee	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and State or Foreign Country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Melloway	13b. MOTHER'S MAIDEN NAME Mildred Searcy	14. NAME OF HUSBAND OR WIFE Fannie Burks Melloway
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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) No	16. SOCIAL SECURITY NUMBER 486-12-8678	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Melloway, Columbia, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tubercular carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma unclassified</i> 1 year		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		1999

19a. DATE OF OPERATION <i>March 54</i>	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma unclassified</i>	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) m.	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 *Jan*, 19*53* to *July 30*, 19*54*, that I last saw the deceased alive on *30 July*, 19*54*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Margaret Wendland</i> (M.D.) (Degree or title)	23b. ADDRESS <i>Columbia</i> 401 E. 17th St. Bldg. No. 7-31-54	23c. DATE SIGNED
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 1, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. July 31 1954	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	31- <i>Therman Sprinkle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Therman Sprinkle</i> ADDRESS Memorial Funeral Home, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1954

AUG 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, ~~we~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. H. Spunkle*.....

Licensed Embalmer No. *4013*.....

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.