

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28507

BIRTH NO.

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 3052

Registrar's No. 321

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Sedaliac. LENGTH OF
STAY (In this place)
8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before

a. STATE Missouri

b. COUNTY

Pettis

c. CITY
OR
TOWN Sedaliad. Is Residence within limits of
a city or incorporated town?
Yes ☒ No ☐d. FULL NAME OF
HOSPITAL OR
INSTITUTION Bothwell hospitale. STREET
ADDRESS

1215 South Lamine

0807

3. NAME OF
DECEASED
(Type or Print)

a. (First)

FRANCES

b. (Middle)

MELTON

c. (Last)

WELLS

4. DATE
OF
DEATH

(Month)

Aug. 27,

(Day)

1954

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 17, 1877

9. AGE (In years
last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 1 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR IN-
DUSTRY
home-making

11. BIRTHPLACE

(City and State or Foreign Country)

Moniteau County, Mo.

12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13a. FATHER'S NAME

William C. Melton

13b. MOTHER'S MAIDEN NAME

Mary Susan Robinson

14. NAME OF HUSBAND OR WIFE

Bert Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) ☒ No ☐ (If yes, give dates of service)16. SOCIAL SECURITY
NO. none

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Harry Eichelberger, Pilot Grove,

ADDRESS

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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

arterio sclerosis + Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.INTERVAL BETWEEN
ONSET AND DEATH

1 day

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒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
WORKNOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-1954 to 8-27-1954, that I last saw the deceased
alive on 8-27-1954 and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

8/29/54

24c. NAME OF CEMETERY OR CREMATORY

Pilot Grove Cemetery

24d. LOCATION (City, town, or county)

Pilot Grove, Mo.

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

J. S. Campbell

25. FUNERAL DIRECTOR'S SIGNATURE

H. H. H. H. H.

ADDRESS

Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Boger

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

R. E. Baker

Licensed Embalmer No. 240

P. O. Address *Seaside*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.