

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31266  
Registrar's No. 45

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3777

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon Rural</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon Rural 0660</u>		d. STREET ADDRESS (If rural, give location) <u>Franklin Townsh.p.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Townsh.p.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>MAY</u> c. (Last) <u>MELLINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 20 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 10, 1910</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES A. REED</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE STARKS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN P. MELLINGER</u>	
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>John P. Mellinger</u>		ADDRESS <u>Eldon</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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<u>Cerebral Haemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Hypertension</u> <u>Epilepsy Headed Mal</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>331X</u>	
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	
22. I hereby certify that I attended the deceased from <u>Sept 20, 1954</u> to <u>Sept 20, 1954</u> , that I last saw the deceased alive on <u>Sept 20, 1954</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Shelton M.D.</u>			23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Sept 21</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 23-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOOLEY</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/21/54</u>		REGISTRAR'S SIGNATURE <u>Arvid Bruner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	
		192-0		ADDRESS <u>Eldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2660

1981

**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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Hebron

**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.