S. No. 300
v. 10.48

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14447

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 62

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

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEVADA
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEVADAD CITY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~VERNON~~ MO
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPES
d. STREET ADDRESS (If rural, give location): RR. 1082

3. NAME OF DECEASED (Type or Print)
a. (First): ALVA
b. (Middle): E
c. (Last): MELTON

4. DATE OF DEATH (Month) (Day) (Year): APRIL 10 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 12 1868
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): LACONA INDIANA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: LEVIA H MELTON
13b. MOTHER'S MAIDEN NAME: SARAH MUSSELMAN
14. NAME OF HUSBAND OR WIFE:

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 NO.: V
17. INFORMANT'S SIGNATURE OR NAME: OSSIE MELTON — ADDRESS: El Dorado Springs Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Benign prostatic hypertrophy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: 4-3-55
19b. MAJOR FINDINGS OF OPERATION: Cystotomy done to relieve obstruction 610 X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1955, *to* 4-10, 1955, *that I last saw the deceased alive on* 4-10, 1955, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Magee, M.D.
23b. ADDRESS: El Dorado Springs, Mo.
23c. DATE SIGNED: 4-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/13/55
24c. NAME OF CEMETERY ~~OR CREMATORY~~: BLAKLEY
24d. LOCATION (City, town, or county) (State): VERNON CO MO

DATE REC'D BY LOCAL REG.: 4-14-55
REGISTRAR'S SIGNATURE: Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: NAFUS FUNERAL HOME ELDORADO SPES MO

451-5 (Licensed Embalmer's Statement on Reverse Side)

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 George W Mafee

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs 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.