

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14944**

No. 300  
10-48

FILED MAY 17 1955

2200

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>5266</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural. Finley</u>		c. LENGTH OF STAY (in this place) <u>45.yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Finley</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark Mo. R.R. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark, Mo R.R. # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Ozark Mo. R.R. # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Melton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1880</u>	
9. AGE (in years last birthday) <u>74</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Mins.	
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		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>				13a. FATHER'S NAME <u>Calvin Melton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sharp</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Kate C Melton</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kate C Melton. Ozark Mo. R R # 2</u>				17. ADDRESS		17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis &amp; myocardial infarction</u> DUE TO (c) <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>not known</u> <u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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>8/31 1954</u> , to <u>4/28 1955</u> , that I last saw the deceased alive on <u>4/28 1955</u> , and that death occurred at <u>8:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Concent P. McCormick M.D.</u>				23b. ADDRESS <u>Ozark Mo</u>		23c. DATE SIGNED <u>4/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Selmora</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Loretta Leonard</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Ozark, Mo.</u>	

NOV 19 1954

13 1954

MAY 20 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 .....  
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.