

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20801

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SIKESTON</u>	c. LENGTH OF STAY (in this place) township) <u>15 MIN</u>	c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO DELTA COMM HOSP</u>		STREET ADDRESS (If rural, give location) <u>MATTHEWS RD #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MELBURN</u> b. (Middle) <u>HIRAM</u> c. (Last) <u>LOVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 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>7-17-1918</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GREENBRIAR ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Wm B. LOVE</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN MILLS</u>	14. NAME OF HUSBAND OR WIFE <u>JOHNNIE LOVE</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>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Johnnie Love - Matthews MO R#1</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		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) <u>420.1</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 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)
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 _____, 19____, to 6/6, 1955, that I last saw the deceased alive on 6/6, 1955, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow MD</u>	23b. ADDRESS <u>Sikeston, MO</u>	23c. DATE SIGNED <u>June 6, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>	24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>
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DATE REC'D BY LOCAL REG. <u>6-8-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ellen Hunter</u> 424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home, Sikeston Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED 6/13/55

SCOTT CO. HEALTH DEPT.

OO. FILE No. 655-123

JUL 11

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 _____
Signature of Student Embalmer

Signed Raymond Grews
Licensed Embalmer No. 346

P. O. Address Sikeston

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.