No. 300
10.48

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

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22911

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5769 Registrar's No. 45

0640
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1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindley Twp.
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 miles N. E. of Cainsville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lindley Twp. 0410
d. STREET ADDRESS (If rural, give location): 9 miles N. E. of Cainsville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Lee
c. (Last): Melson

4. DATE OF DEATH (Month) (Day) (Year): July 6 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 31 1891
9. AGE (In years last birthday): 63 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Mercer Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William J. Robertson
13b. MOTHER'S MAIDEN NAME: Frona E. Mullins
14. NAME OF HUSBAND OR WIFE: Carl O. Melson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Carl O. Melson — **ADDRESS**: Cainsville, 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) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxic Goiter — 5 years or more
DUE TO (c) 2520

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic fibrosis of right lung from pneumonia (repaired) — 8 years

19a. DATE OF OPERATION:
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) 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* Feb —, 19 55, *to* July 6, 19 55, *that I last saw the deceased alive on* July 1, 19 55, *and that death occurred at* 11:12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred C. Taff (Degree or title): D. O.
23b. ADDRESS: Cainsville, Missouri.
23c. DATE SIGNED: 7/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9 1955
24c. NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
24d. LOCATION (City, town, or county) (State): RFD Princeton, Missouri.

DATE REC'D BY LOCAL REG.: 7-16-55
REGISTRAR'S SIGNATURE: Lee Marr 393
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Cainsville, Mo.

(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

Eddie J. Stoklasa Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E J Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.