

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23070

State File No.

No. 300
10.48

FILED AUG 15 1955

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

0760
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BIRTH NO. _____		REG. DIST. NO. <u>258</u>		PRIMARY REG. DIST. NO. <u>5882</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koeltztown, Mo.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Koeltztown, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Protestant Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>0760</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNARD</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MELIES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 5, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 15, 1868</u>		
9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Koeltztown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Koeltztown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Bernard Melies</u>			13b. MOTHER'S MAIDEN NAME <u>Johanna Schwartz</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Woehr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Paul Plassmeyer Westphalia, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Failure</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Hypertension.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/4 X</u>					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)				
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>June 10, 1955</u> , to <u>Aug 3, 1955</u> , that I last saw the deceased alive on <u>Aug 3, 1955</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. Moore D.O.</u>				23b. ADDRESS <u>Argyle, Mo.</u>		23c. DATE SIGNED <u>8/7/1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface</u>		24d. LOCATION (City, town, or county) (State) <u>Koeltztown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-12-55</u>		REGISTRAR'S SIGNATURE <u>Rose Rowan</u>		25. FINANCIAL DIRECTOR'S SIGNATURE <u>Jefferson City</u>		ADDRESS <u>J. C. Mo.</u>		

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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.....
Sylvester Gull

Licensed Embalmer No. 43

P. O. Address.....
Jefferson

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.