No. 300
10.46

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29248

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Finley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural. Ozark. Rt. I. Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Christian
c. CITY OR TOWN: Ozark. Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Ozark Mo

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3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle):
c. (Last): Melton

4. DATE OF DEATH (Month) (Day) (Year): Sept 20 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not Married
8. DATE OF BIRTH: Feb. 25. 1933
9. AGE (In years last birthday): 22
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo. Christian. Co.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Clell Melton
13b. MOTHER'S MAIDEN NAME: Clarice Hall
14. NAME OF HUSBAND/WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Occup.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clell Melton. Ozark. Mo Rt. I
ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest and Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Automobile Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Multiple Fractures

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi. #65
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Finley Twsp. Christian Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 20-1955 1:55 a. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? 1950 Ford Convertible failed to negotiate Curve and overturned

22. I hereby certify that I attended the deceased from —, 19___, to —, 19___, that I last saw the deceased alive on —, 19___, and that death occurred at 1:55 A m., from the causes and on the date stated above.

23a. SIGNATURE: Glenn Harris
(Degree or title): Coroner Christian Co.
23b. ADDRESS: Clever, Mo
23c. DATE SIGNED: Sept 23-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 23. 55
24c. NAME OF CEMETERY OR CREMATORY: Prospect
24d. LOCATION (City, town, or county) (State): Christian Co. Mo

DATE REC'D BY LOCAL REG.: Oct 1. 1955
REGISTRAR'S SIGNATURE: Loretta Leonard 59-10
25. FUNERAL DIRECTOR'S SIGNATURE: T. B. Chaffin
ADDRESS: Ozark Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 219

P. O. Address Ozark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.