

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34303

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>9 Days</u>	c. CITY OR TOWN <u>Rolla</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>308 West 9th St.,</u> <span style="float: right;"><u>0810</u></span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOEL</u>	b. (Middle) <u>MORGAN</u>	c. (Last) <u>MELTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 26, 1955</u>
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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>Aug. 14, 1866</u>	9. AGE (in years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William D. Melton</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Arthur</u>	14. NAME OF HUSBAND OR WIFE <u>Kate</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Brown</u>	ADDRESS <u>Rolla, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left hip</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <span style="float: right;"><u>9049</u> <u>45</u></span>			

19a. DATE OF OPERATION <u>10/31/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture upper third of femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>Rolla</u> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 11-5-55 1955, to 11/2, 1955, that I last saw the deceased alive on 11/2/55, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H.H. Darn</u>	(Degree or title)	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>11/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 3, 1955</u>	REGISTRAR'S SIGNATURE <u>Dadone &amp; Steel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Rolla, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer

Order Number 259

Date Filed NOV 9 1955

11-10-55

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..... *Paul E. New*

Licensed Embalmer No. 44

P. O. Address Rolla

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