

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20065**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4160 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) CAMPBELL	c. LENGTH OF STAY in this place 10 months	c. CITY OR TOWN PIEDMONT	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 General Baptist Home		f. STREET ADDRESS (If rural, give location) East Elm Street	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) McCarn c. (Last) Melton			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Greenville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Hugh McCarn	13b. MOTHER'S MAIDEN NAME Angeline Henderson	14. NAME OF HUSBAND OR WIFE John Stanfield Melton
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>Wm. J. L. Doyard</i>	ADDRESS Piedmont Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Congestive Heart Failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arteriosclerotic Hypertensive C. V. Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			? years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 8/23, 1955, to 6/8, 1956; that I last saw the deceased alive on 6/8, 1956, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wallace A. Belsey M.D.	23b. ADDRESS Campbell, Mo.	23c. DATE SIGNED 6/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 12, 56	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Piedmont, Wayne, Missouri
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DATE REC'D BY LOCAL REG. 6-14-56	REGISTRAR'S SIGNATURE <i>Mrs. Beulah Campbell</i>	FINER'S DIRECTOR'S SIGNATURE <i>William C. ...</i>	ADDRESS 214 East Green Piedmont, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUN

DEPARTMENT 6-

COUNTY FILE NUMBER 6

ICE TT 83

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 CODER FUNERAL HOME Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *William Coder*

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mis

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.