

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23857**

BIRTH NO. **51777-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3020**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location) 6337 So. Benton		
3. NAME OF DECEASED a. (First) Mark b. (Middle) Allen c. (Last) Melching			4. DATE OF DEATH (Month) (Day) (Year) 7-8-56		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 7-8-56		9. AGE (in years last birthday) 11 MONTHS 5 DAYS 1 HRS. 51 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri, USA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Don Allen Melching		13b. MOTHER'S MAIDEN NAME Sally Sue DuRassette		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME Don Allen Melching ADDRESS 6337 So. Benton		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Infant 6 + mos			5 hrs
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			776k
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 **July 8, 1956**, to **July 8, 1956**, that I last saw the deceased alive on **July 8, 1956** and that death occurred at **7:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE Harold A. Pallett (Degree or title) D		23b. ADDRESS 4620 N. Kelly Rd., Kansas City, Mo.		23c. DATE SIGNED 7/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-11-56	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		
DATE REC'D BY LOCAL REG. 7-11-56	REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE B. E. Weiler ADDRESS K. P. 8, Mo.		

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
Student Embalmer

Signed B. E. Weir

Licensed Embalmer No. 4075

P. O. Address K. C. S. 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.