No. 300
10-48

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

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2465

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'FALLON
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): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: ST. CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'FALLON
d. STREET ADDRESS (If rural, give location): _____

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): —
c. (Last): MELTON

4. DATE OF DEATH (Month) JAN (Day) 15 (Year) 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: MAY 31-1907
9. AGE (In years last birthday): 49
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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): LINCOLN Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: REHG
13b. MOTHER'S MAIDEN NAME: FAZENBELT
14. NAME OF HUSBAND ~~OR WIFE~~: WILLARD MELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 4-91-40-3685
17. INFORMANT'S SIGNATURE OR ~~NAME~~ ADDRESS: MRS MARJORIE DURREMPER O'FALLON

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema — 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) Acute left heart failure
DUE TO (c) Probably arteriosclerotic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4342
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, *1956, to* Jan 15, *1957, that I last saw the deceased alive on* Jan 15, *1957, and that death occurred at* 10:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE Harold A. Mangold (Degree or title) DO
23b. ADDRESS O'Fallon Mo.
23c. DATE SIGNED Jan 16, 1957

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):
24b. DATE JAN. 18-1957
24c. NAME OF CEMETERY ~~OR CREMATORY~~ ASSUMPTION
24d. LOCATION (City, town, or county) O'FALLON (State) Mo

DATE REC'D BY LOCAL REG. Jan 19-57
REGISTRAR'S SIGNATURE Ea Keithley
25. FUNERAL DIRECTOR'S SIGNATURE Ea Keithley ADDRESS O'FALLON Mo

(Licensed Embalmer's Statement on Reverse Side)

2590

OCT 10 1957

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 E A Keithly

Licensed Embalmer No. 872

P. O. Address O'Fallon 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.