

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8042**

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5295** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg		c. CITY OR TOWN Lathrop	
c. LENGTH OF STAY (in this place) 3 days		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 Lewis Nursing Home		e. STREET ADDRESS (If rural, give location) Lathrop, Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) DANIEL	c. (Last) MELLON	4. DATE OF DEATH (Month) (Day) (Year) March 9 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 1, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3	IF UNDER 24 Hrs. Hours 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Clinton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Mellon	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Mrs. Joseph Mellon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME James Mellon	ADDRESS Lathrop, Missouri
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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, aethenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
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 443x	20. AUTOPSY? 2 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)
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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?
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22: I hereby certify that I attended the deceased from **Jan 1, 1957**, to **Mar 9, 1957**, that I last saw the deceased alive on **Mar 7, 1957**, and that death occurred at **6:30a m.** from the causes and on the date stated above.

23a. SIGNATURE J. Longfield M.D.	23b. ADDRESS Lathrop	23c. DATE SIGNED 3/11/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 11, '57	24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery	24d. LOCATION (City, town, or county) (State) Lathrop, Missouri
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DATE REC'D BY LOCAL REG. Mar 12 - 1957	REGISTRAR'S SIGNATURE Elizabeth Seaver	25. FUNERAL DIRECTOR'S SIGNATURE DeMoss CRUNK	ADDRESS Cameron, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

441-6

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 *Harmon W. Larson*.....
Licensed Embalmer No. *4889*

P. O. Address *Lathrop, ?*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.