

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16347

FILED JUN 13 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5144 Registrar's No. 384

Health, Welfare & Public Service

300  
1-56

3

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Francis Twp.</b>		c. CITY OR TOWN <b>Poplar Bluff Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>307 Henery St</b>	

3. NAME OF DECEASED (Type or print) <b>Lawrence Paul Melton Jr.</b>			4. DATE OF DEATH <b>May 30, 1957</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <b>Mar 2, 1931</b>		9. AGE (In years last birthday) <b>26</b>		10. KIND OF BUSINESS OR INDUSTRY <b>law enforcement</b>	
11. BIRTHPLACE (City and state or country) <b>Buffalo N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police officer</b>	

13. FATHER'S NAME <b>Lawrence E. Melton Sr.</b>		14. MOTHER'S MAIDEN NAME <b>Francis Torrito</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes U.S. Navy</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lawrence Melton Sr., Poplar Bluff Mo</b>		Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxiation due to drowning</b> DUE TO (b) <b>by capsizing of a boat</b> DUE TO (c) <b>850X</b>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Boat capsized throwing he and 3 others in lake</b>	
20c. TIME OF INJURY Hour <b>2:40 P.M.</b> Month, Day, Year <b>May 30, 57</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Wappapello Lake</b>		20f. CITY, TOWN, OR LOCATION <b>Butler County Mo.</b>	

21. I attended the deceased from **2:40 PM** to **3:00 PM** and last saw her alive on **May 30, 1957** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**Grover W. Green, Coroner**

22b. ADDRESS  
**Poplar Bluff Mo**

22c. DATE SIGNED  
**6-2-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 2-57</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Memorial Gardens</b>		23d. LOCATION (City, town or county) (Street) <b>Poplar Bluff Mo</b>	
24. FUNERAL DIRECTOR <b>FRANK Cotrell</b>		ADDRESS <b>Poplar Bluff Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6/8/57</b>		26. REGISTRAR'S SIGNATURE <b>W. M. Mullett</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

JUN 11 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUL 13 1957

JUN 11 1957

JUN 18 1957  
JAN 8 1958

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert D. Green*

Licensed Embalmer No. 29

P. O. Address \_\_\_\_\_

*Polaris*

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.