

pt. Health,
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S. Public
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Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 29 1957
XC 10843269 SL 12910

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37809
STATE FILE NUMBER
9720
Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY (Cooks Station) OR TOWN Missouri St. James	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in lb 54 days	
3. NAME OF DECEASED (Type or print) Melvin R McKellips		4. DATE OF DEATH 10-16-57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-17-27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Surprise, Nebraska
13. FATHER'S NAME Darwin E. McKellips		14. MOTHER'S MAIDEN NAME Blanche E. (McKellips) Treadway	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes PL 28 (Korea)		16. SOCIAL SECURITY NO. 508265798	17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) HODGKINS DISEASE DUE TO (c) 201x			INTERVAL BETWEEN ONSET AND DEATH 8 MOS.
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-23-57 to 10-16-57 and last saw her him alive on 10-16-57 Death occurred at 9:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>D.R. Bottomly</i> (Degree or title) D.R. Bottomly		22b. ADDRESS M.D. VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 10-17-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-17-57	
23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) St. James, Mo. (State)	
24. FUNERAL DIRECTOR Gahr Funeral Home, St. James, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. OCT 17 '57	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1958

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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eleonore H. Penelias*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.

State License No. 10-17-57