

Health,
Welfare
Public
Service

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1958

STATE FILE NO. **589** **3**

Registration District No. **68** Primary Registration District No. **5267** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Christian Co <i>N. Galloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highlandville Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Highlandville Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Highlandville Mo Length of stay in lb 10 Years		d. STREET ADDRESS (If outside, give location) Highlandville, Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lee Middle Melton Last Melton			4. DATE OF DEATH Month Jan Day II Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/6/1883
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Mo/Christian Co
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Richard Melton	
13b. MOTHER'S MAIDEN NAME Martha Ward		14. NAME OF HUSBAND OR WIFE Minnie Melton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Minnie Melton		Address Highlandville, 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) Medullary Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Apoplexy DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <input type="checkbox"/> 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 12/21/52 to 1/10/58 and last saw ^{her} him alive on 1/10/58 Death occurred at 11:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wesley P. Carmick D.O.</i> (Physician or title)		22b. ADDRESS Ozark Mo.	
22c. DATE SIGNED 1/21/58			
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE	
Burial		Jan. 14/1958	
23c. NAME OF CEMETERY OR CREMATORY Highlandville		23d. LOCATION (City, town, or county) (State) Christian. Mo	
24. FUNERAL DIRECTOR T. B. Chaffin ADDRESS Ozark Mo.		25. DATE RECD. BY LOCAL REG. Jan 25-1958	
26. REGISTRAR'S SIGNATURE Luella Leonard			

(Licensed Embalmer Statement on Reverse Side)

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*
P. O. Address *Ozark, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.