

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014760

STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 12

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

|   |   |   |  |  |   |   |   |
|---|---|---|--|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jefferson</b>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b> |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Big River Twp.</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <b>Big River Twp.</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>INSTITUTION <b>Rt. 1 Hillsboro</b>   |   |   | Length of stay in lb<br><b>10 Yrs.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>Rt. 1 Hillsboro</b>  |   |   | Reside on Form<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Emil</b> Middle <b>Anton</b> Last <b>Melkus</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>7</b> Year <b>1958</b>   |   |   |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b>                | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>July 26, 1890</b>   |   | 9. AGE (In years last birthday)<br><b>67</b>                              |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Gen'l. Farming</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Schuyler Nebraska</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                             |   |
| 13. FATHER'S NAME<br><b>Vincent Melkus</b>  |   |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Victoria Johannes</b>   |   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>493-44-5081</b>   |  | 17. INFORMANT<br>Address<br><b>Geo. Melkus Rt. 1, Hillsboro, MO.</b>   |   |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gun shot wound to Head</b>  |   |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>976X</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |  |  |   |   |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input checked="" 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<br><b>7:30 a. m.</b>  |   | Hour <b>7:30</b> Month, Day, Year <b>4/7/58</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.)<br><b>Home</b>  |  | 20f. CITY, TOWN, OR LOCATION<br><b>Big River</b>   |   | COUNTY <b>JEFF.</b> STATE <b>MO.</b>                                      |   |
| 21. I attended the deceased from <b>Inquest.</b> to _____ and last saw her/him alive on _____<br>Death occurred at <b>7:30 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |  |  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>James P. Robert P. Coover 3.</b>   |   |   |  | 22b. ADDRESS<br><b>Fenton, Mo</b>  |   | 22c. DATE SIGNED<br><b>4/7/58</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>April 9, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn Cemetery</b>                               |  | 23d. LOCATION (City, town, or county) (State)<br><b>De Soto, Mo</b> |   |   |
| 24. FUNERAL DIRECTOR<br><b>J. Lee Mothershead, De Soto, Mo.</b>   |   |   |  | ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-9-58</b>                             |   |
| 26. REGISTAR SIGNATURE<br><b>Olita Dinsler Dep</b>  |   |   |  |  |   |   |   |

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 16 1958

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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 *Andrew H. Englar*

Licensed Embalmer No. *47*

P. O. Address *De Soto*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.