

Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018375
STATE FILE NUMBER
2302

FILED MAY 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2302

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> 1.58
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4245 Harrison</u>		Length of stay in lb) <u>12 years</u>	d. STREET ADDRESS (If outside, give location) <u>4245 Harrison</u>

3. NAME OF DECEASED (Type or print) First <u>Delbert</u> Middle <u>Daniel</u> Last <u>Melendy</u>			4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1958</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 31, 1907</u>	9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Police Dept</u>	11. BIRTHPLACE (City and state or country) <u>Burke, South Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willis Melendy</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Jamison Easter Melendy</u>		14. NAME OF HUSBAND OR WIFE <u>Easter Melendy</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>720-12-3548</u>	17. INFORMANT <u>Easter Melendy</u> Address <u>K. C. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Asthma</u>			<u>10+yo.</u>
	DUE TO (c) <u>Tuberculosis</u>			<u>20+yo</u>
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m.
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 1950 to 5-4-58 and last saw ^{her}him alive on Apr 5 1958
Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Francis M. D.</u> (Degree or title)	22b. ADDRESS <u>1530 Prof. Bldg. Kansas City, Mo.</u>	22c. DATE SIGNED <u>5-5-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Smithton, Missouri</u>
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24. FUNERAL DIRECTOR <u>Neumege Montoya</u>	ADDRESS <u>Smithton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-6-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank B. Leitz

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.

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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 *John R. Sidman*

Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.