

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037233

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 119

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>2 Days</b>		0732 STREET ADDRESS <b>221 East Hickory</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>I.</b> Last <b>Melton</b>				4. DATE OF DEATH Month <b>Oct</b> Day <b>26</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 22, 1913</b>		9. AGE (In years last birthday) <b>44</b>	F UNDER 1 YEAR Months <b>10</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rocketryne</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Amer Aviation</b>	11. BIRTHPLACE (City and state or country) <b>Chesterfield S, Carolina U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Ike Melton</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche Melton</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes war # 2</b>		16. SOCIAL SECURITY NO. <b>272-26-7444</b>	17. INFORMANT <b>Blanche Melton</b>		Address <b>Neosho, Mo.</b>		
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>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Unknown</b>							
DUE TO (c) <b>4201</b>							
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 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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>							
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
21. I attended the deceased from <b>did not attend</b> and last saw <sup>her</sup> him alive on <b></b> Death occurred at <b>4:15P</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Melvin P. Burman M.D. Registrar</b>			(Degree or title) <b>S</b>	22b. ADDRESS <b>Neosho, Mo</b>		22c. DATE SIGNED <b>10-27-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct. 30, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arlington Cemetery</b>		23d. LOCATION (City, town, or country) (State) <b>Arlington, W. Virginia</b>			
24. FUNERAL DIRECTOR <b>Wene Funeral Home</b>		ADDRESS <b>Baxter Spr</b>		25. DATE RECD. BY LOCAL REG. <b>10-27-58</b>	26. REGISTRAR'S SIGNATURE <b>Melvin P. Burman M.D.</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

APR 7 1959

NOV 10 1958  
NOV 3 1958

Subject File Number 1858-225  
OCT 31 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, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 S. W. Neesho MD.

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.