

FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
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FILED VS JAN - 4 1960

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STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 647

ENDED

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Length of stay in 1b 5th day	c. CITY OR TOWN EXCELSIOR SPRINGS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 400 GRAND AVENUE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDNA P. MILLARD Melling			4. DATE OF DEATH Month Day Year DECEMBER 31 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-28-15	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Not Employed	11. BIRTHPLACE (City and state or country) Excelsior Springs, Missouri	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME JAMES MILLARD	13b. MOTHER'S MAIDEN NAME MINA BARR	14. NAME OF HUSBAND OR WIFE ROBERT H. Melling
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -	17. INFORMANT Address UNIVERSITY Medical Record
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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) LUPUS ERYTHEMATOSIS DISSEMINATUS		INTERVAL BETWEEN ONSET AND DEATH 6 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERCORTISONISM		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 12-26-59 to DEATH and last saw her alive on 12-31-59 Death occurred at 9³⁵ A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree title) John B. Sparks M.D.	22b. ADDRESS University Hospital, Columbia	22c. DATE SIGNED 12-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-31-59	23c. NAME OF CEMETERY OR CREMATORY Salem	23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
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24. FUNERAL DIRECTOR Richard Funeral Home ADDRESS Excelsior Springs, Mo.	25. DATE RECD. BY LOCAL REG. Dec 31 1959	26. REGISTRAR'S SIGNATURE Miss R.E. Palmer
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Ms. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Linell J. Jarman

Licensed Embalmer No. 45897

P. O. Address 2200 Collier St

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.