MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-020634
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 246

FILED JUN 19 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 55 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wilson Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 603 South Ellis St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CALVIN Middle: G. Last: MELTON

4. DATE OF DEATH: Month June Day 15 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/24/1887
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months 8 Days 21 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter, ret.
10b. KIND OF BUSINESS OR INDUSTRY: Lumber yard
11. BIRTHPLACE (City and state or country): Clay County, Tenn.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: William Melton
13b. MOTHER'S MAIDEN NAME: Martha Denton
14. NAME OF HUSBAND OR WIFE: Ida E. 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. Keith Reed Address: Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO (b) Arteriosclerotic heart disease — 20 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prostatectomy for hypertrophic Prostate

PART III. If deceased was female - was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1953 to June 15, 1961 and last saw him alive June 13, 1961
Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Crowe (Degree or title) MD
22b. ADDRESS: Cape Girardeau Mo.
22c. DATE SIGNED: June 17, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 16, 1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

24. FUNERAL DIRECTOR: Walther's Funeral Home ADDRESS: Cape Gir., Mo.
25. DATE RECD. BY LOCAL REG.: 6-17-61
26. REGISTRAR'S SIGNATURE: Irene Kaston

(Licensed Embalmer's 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 Virgil H. Helch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.