

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023972

FILED JUL 31 1961

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 54

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>		c. CITY OR TOWN <u>Milford</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospt.</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>T.</u> Last <u>Melton</u>			4. DATE OF DEATH Month <u>July</u> Day <u>24</u> Year <u>1961</u>		
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>5/8/1875</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>86</u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Benton Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elisha Melton</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Jane Wickliffe</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary (Rapp) Meldon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Carl Meldon Sheldon, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	

IMMEDIATE CAUSE (a) <u>Pneumonia</u>		Interval <u>2 days</u>
DUE TO (b) <u>Pulmonia Congestion</u>		Interval <u>5 days</u>
DUE TO (c) <u>Cerebral - Vascular - Accident (stroke)</u>		Interval <u>8 days</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			

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 <u>7/22/61</u> to <u>7/23/61</u> and last saw him alive on <u>7/23/61</u> Death occurred at <u>4:08</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Thomas Baranell M.D.</u>		22b. ADDRESS <u>1204 Bull Street - Lamar Missouri</u>		22c. DATE SIGNED <u>7/26/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 26, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>		23d. LOCATION (City, town, of county) (State) <u>Sheldon, Mo.</u>

24. FUNERAL DIRECTOR <u>Boony Funeral Home Sheldon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 28 1961</u>	26. REGISTRAR'S SIGNATURE <u>Marie Kenan</u>
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(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. 4161
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: S. Bernard Beery

Licensed Embalmer No. 4161

P. O. Address Sheldon Mo

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.