

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 6 1949

State File No. **15670**

BIRTH NO. _____		REG. DIST. NO. <u>137</u>	PRIMARY REG. DIST. NO. <u>5737</u>	Registrar's No. <u>84</u>
1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bigelow Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bigelow Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Bigelow Twp. Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Near Fortescue, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Jane</u> b. (Middle) <u>Melvin</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>5 22 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 1, 1862</u>	9. AGE (In years, Months, Days) <u>87 9 22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Rural Bigelow Twp. Mo.</u>	
13a. FATHER'S NAME <u>Andrew Jackson Shepherd</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Oldham</u>		14. NAME OF HUSBAND OR WIFE <u>James G. Melvin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Melvin Cruger Elmhurst, Ill.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1910X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>5-12, 1949</u> , to <u>5-22, 1949</u> , that I last saw the deceased alive on <u>5-22, 1949</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>D. Perry M.D.</u>		23b. ADDRESS <u>Mound City Mo.</u>		23c. DATE SIGNED <u>5-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 25 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Mound City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1953

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
Student Embalmer

Signed *W. Crawford*

Licensed Embalmer No. *1824*

P. O. Address *Mound City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.