

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13680**

FILED MAY 15 1952

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4364		Registrar's No. 11	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Newton		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella		a. STATE Missouri		b. COUNTY Newton	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ritchey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0730		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hosp.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)	M	F
Melissa	Emma	Beck	4	6	'52	F	F
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-29-1866		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Henry Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Dunton			13b. MOTHER'S MAIDEN NAME Mary Dunton			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME T.C. Beck		ADDRESS Abbe, Ariz	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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.			
19a. DATE OF OPERATION 5		19b. MAJOR FINDINGS OF OPERATION 4.2.2				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 4-3-1952 , to 4-6-1952 , that I last saw the deceased alive on 4-6-1952 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. Cardwell				23b. ADDRESS M.O.C. Stella Mo.		23c. DATE SIGNED 4-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-8-52		24c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery		24d. LOCATION (City, town, or county) (State) Newton, Mo.	
DATE REC'D BY LOCAL REG. 5-3-1952		REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Chalmer - Showmaker Bramby, Mo.			

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

273

RECEIVED

Health Officer No. NEWTON COUNTY HEALTH UNIT
553-74
MAY 6 1952

NEOSHO, MISSOURI

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

Floyd E. Shewmake Jr.

Student Embalmer No. 455

working under my personal supervision.

Student Floyd E. Shewmake Jr.
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.