

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34977**

FILED NOV 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **93-**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> c. CITY OR TOWN <b>Butler</b>	
b. CITY OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Rural-Austin Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Forrest</b> b. (Middle) <b>Iles</b> c. (Last) <b>Melton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 26, 1887</b>		9. AGE (In years last birthday) <b>65</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mason County, Illinois.</b>	
10c. USUAL OCCUPATION		10d. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Frank M. Melton</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Ellen Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Frances Melton</b>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Melton, Archie Mo.</b>	
--	--	-------------------------	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chronic Diffuse</b>		INTERVAL BETWEEN ONSET AND 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)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Heart, myocarditis H.T.</b>			

19a. DATE OF OPERATION <b>mm</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
----------------------------------	--	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>su</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>592X</b>	
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 **10-13 - 1953**, to **10-19 - 1953**, that I last saw the deceased alive on **Oct. 19 - 1953**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Robinson M.D.</b> (Degree or title)		23b. ADDRESS <b>Adrian Mo.</b>		23c. DATE SIGNED <b>10-20-53</b>	
---	--	--------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Adrian Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Oct. 20-53</b>		REGISTRAR'S SIGNATURE <b>Kendall Kersey '53</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Adrian Mo.</b> ADDRESS	
--	--	---	--	--	--

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..... *Adrian M.*

Licensed Embalmer No. *3650*

P. O. Address *Adrian Mo*

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

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