SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

61-020092
STATE FILE NUMBER

AMENDED

FILED MAY 16 1961

Registration District No. 336 Primary Registration District No. 334 Registrar's No. 103

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

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Winona
Length of stay in 1b: Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2 miles S.E. of Melton farm
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Shannon
c. CITY OR TOWN: Winona Rt. 1
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Route 1
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Franklin Last: Melton
4. DATE OF DEATH: Month: April Day: 24, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 7, 1941
9. AGE (last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Shannon County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: J. F. Melton
13b. MOTHER'S MAIDEN NAME: Rosie Klepzig
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No.
(If yes, give war or dates of service)
17. INFORMANT: J. F. Melton, Address: Winona Rt. 1

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): Internal Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gun Shot Wound
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.): Shot by Conservation Agent
20c. TIME OF INJURY: Hour 8 ~~a.m.~~ p.m. Month, Day, Year: 4-24-61
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.): Govt. Forest
20f. CITY, TOWN, OR LOCATION: Winona COUNTY: Shannon STATE: Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 8 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Frank Jones (Degree or title): Coroner
22b. ADDRESS: Eminence Mo.
22c. DATE SIGNED:
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4,28,1961
23c. NAME OF CEMETERY OR CREMATORY: New Winona Cemetery
23d. LOCATION (City, town, or county) (State): Winona Mo.
24. FUNERAL DIRECTOR: Duncan Funeral Home ADDRESS: Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 5-15-61
26. REGISTRAR'S SIGNATURE: Mabel Gee

(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 Charles D. Gartain

Licensed Embalmer No. 5167

P. O. Address Milpitas,

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.