

33909

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4221</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alma, Missouri</u>		c. LENGTH OF STAY (In this place) <u> </u>		c. CITY OR TOWN <u>Alma</u>		d. Is Residence within limits of a city or incorporated town? Yes <u> </u> No <u> </u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> </u>				f. STREET ADDRESS (If rural, give location) <u>0540</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry</u>		a. (First) <u>Henry</u>		b. (Middle) <u>victor</u>		c. (Last) <u>Melin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 2, 1881</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>		11. IF UNDER 18 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Osage County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Felix Melin</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Dubrouleet</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Zeitz Melin</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>victor Melin Jr., 640 East Armour Bl Kansas City, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u> </u> *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Congestive Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart disease</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>416x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>several years</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21d. HOW DID INJURY OCCUR? <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>Dec. 1953</u> , to <u>Oct. 16, 1955</u> , that I last saw the deceased alive on <u>Oct. 14, 1955</u> , and that death occurred at <u>4221 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William E. Friedman M.D.</u>		23b. ADDRESS <u>Higginsville Mo.</u>		23c. DATE SIGNED <u>10-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edmund Burke</u>		24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 17-1955</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alfred H. Baermer Moniteau</u>			
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
2696

Licensed Embalmer No.....

P. O. Address.....Alma, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.