

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28992**BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **3074** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Scott				
d. CITY (If outside corporate limits, write RURAL and give town) Sikeston		c. LENGTH OF STAY (in this place) 1 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston		d. STREET ADDRESS (If rural, give location) 1036 N. KINGSHIGHWAY		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1036 N. KINGSHIGHWAY, HOMER								
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER			b. (Middle) JOHN		c. (Last) MELLIES		4. DATE OF DEATH (Month) (Day) (Year) AUG 12 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 12 1904		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 10 Days - Hours - Min. -		11. BIRTHPLACE (State or foreign country) OWENSVILLE, MO		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEDICAL DOCTOR				10b. KIND OF BUSINESS OR INDUSTRY MEDICINE				
13a. FATHER'S NAME EDWARD MELLIES			13b. MOTHER'S MAIDEN NAME LIDIA FUNK			14. NAME OF HUSBAND OR WIFE Mrs Elva Marie Mellies		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Elva Marie Mellies ADDRESS Sikeston Mo			
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) Carcinoma					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) Primary site not known 4 mo.						
		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		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) Sikeston Scott MO.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 8-5 , 19 49 , to 8-12 , 19 49 , that I last saw the deceased alive on 8-12 , 19 49 , and that death occurred at 8:05 Am. , from the causes and on the date stated above.								
23a. SIGNATURE E. D. Urban (Degree or title) M.D.				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 8-13-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-14-49		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) OWENSVILLE MO		
DATE REC'D BY LOCAL REG. Aug 13 49		REGISTRAR'S SIGNATURE Mrs Elva Marie Mellies		25. FUNERAL DIRECTOR'S SIGNATURE WELSH FUNERAL HOME ADDRESS Sikeston Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 20 1949
District Health Office No. 2,
District File Number 249-240
Date Filed _____

OCT 8 1949
SEP 9 1949

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.

Signed Raymond Lewis

Licensed Embalmer No. 3467

Signed _____
Student Embalmer

P. O. Address Sikeston 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.