

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8904**
Registrar's No. **139**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4216**

1. PLACE OF DEATH a. COUNTY HEMRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HEMRY	
b. CITY OR TOWN CALHOUN		c. CITY OR TOWN CALHOUN	
c. LENGTH OF STAY (in this place township) 11yr		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT Home		e. STREET ADDRESS (If rural, give location) 0420	

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) ADELINE c. (Last) MELAIN			4. DATE OF DEATH (Month) (Day) (Year) 3 - 27 1956		
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR: Months 2 Days 27
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 (City and State or Foreign Country) LEESVILLE MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME EDWARD VELOSIER		13b. MOTHER'S MAIDEN NAME MARTHA Mc DANIEL		14. NAME OF HUSBAND OR WIFE HORACE MELAIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Goldie Fung ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic 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 (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"/>
		4222			

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) m.		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 **Jan 1**, 19**56**, to **March 3**, 19**56**, that I last saw the deceased alive on **March 3**, 19**56**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray B Jordan M.D.		23b. ADDRESS Windsor Mo		23c. DATE SIGNED 3-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-30-56		24c. NAME OF CEMETERY OR CREMATORY Calhoun Cem	
				24d. LOCATION (City, town, or county) (State) Calhoun Mo	
DATE REC'D BY LOCAL REG. 3-29-56		REGISTRAR'S SIGNATURE Mildred Bigum		25. FUNERAL DIRECTOR'S SIGNATURE Mrs J. A. Housley ADDRESS Calhoun Mo	

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

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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 *Robert L. Dunning*.....

Licensed Embalmer No. *4719*

P. O. Address *Clinchman W.*

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.