ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Birth 4-11-61-264333

-61-016132
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 73

FILED MAY 15 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston — Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Delta Community Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Sikeston — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): East Prairie Mo ~~Delta Community Hosp.~~ — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Donna Middle: Jean Last: Melhine

4. DATE OF DEATH: Month 4 Day 21 Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-11-61

9. AGE (last birthday) — IF UNDER 1 YEAR: Months 9 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: —

11. BIRTHPLACE (City and state or country): Sikeston, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Lawrence D. Melhine

13b. MOTHER'S MAIDEN NAME: Dorothy Louise Bridges

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? ~~(Yes, no, or unknown)~~ (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT — Address: Dorothy Melhine, Cottage Hill, Ill.

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): Abnormal Pulmonary Ventilation — INTERVAL BETWEEN ONSET AND DEATH: 10 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1. Prematurity 2. Convulsions.
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.): Grand Male

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4-11-61, to 4-21-1961 and last saw her/him alive on 4-21-61
Death occurred at 5:00 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew B. Sm. Hud

22b. ADDRESS: Sikeston

22c. DATE SIGNED: 4-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-22-1961

23c. NAME OF CEMETERY OR CREMATORY: W. O. W. Cemetery

23d. LOCATION (City, town, or county) (State): East Prairie, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Travis Shelby, East Prairie, Mo.

25. DATE RECD. BY LOCAL REG.: May 1-61

26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(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 m

or by Not embalmed, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 275

P. O. Address East Palau

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