

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12962

State File No. 5-49-55

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5625</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Wacleda</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wacleda</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper</u>		c. LENGTH OF STAY (In this place) <u>1</u> <u>60</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sleeper Mo.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>K.</u> c. (Last) <u>Malcom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1949</u>				
5. SEX <u>M U</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov 7 1879</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
						12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Malcom</u>			13b. MOTHER'S MAIDEN NAME <u>Martha E. Jarrell</u>			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) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Malcom Sleeper Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Due to (b) Bronchial Asthma</u> <u>Due to (c) Severe &amp; Recurrent attacks</u> II. OTHER SIGNIFICANT CONDITIONS <u>attacker</u>					(INTERVAL BETWEEN ONSET AND DEATH) <u>422</u>
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)			
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 <u>5-4</u> , 19 <u>49</u> , to <u>5-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-4</u> , 19 <u>49</u> , and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Summers</u>				23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>5-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wacleda County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 6-1949</u>		REGISTRAR'S SIGNATURE <u>Della L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

530

Received 5-11-49  
LaClede County Health Unit  
File No. 5-49-55  
Date Filed 5-11-49

**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. 295

working under my personal supervision.

Student Maryna Ruth Allen  
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.