

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26284

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>E.</u> c. (Last) <u>Mallory</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/12/49</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>5/26/26</u>		9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Days <u>2</u> Hours <u>16</u> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Levi Mallory</u>		13b. MOTHER'S MAIDEN NAME <u>Dimple Brown</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) _____		16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital records</u> 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) <u>Pulmonary Tuberculosis</u>						
*This does not mean the mode of dying, such as heart failure, ashenia, 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 (b) _____				
		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 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 <input type="checkbox"/> 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. 7, 1947, to Aug. 12, 1949, that I last saw the deceased alive on Aug. 12, 1949, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. S. Tate M.D. for Dr. Miller</u>		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>8/12/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug-13-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Banfield</u> ADDRESS <u>Bowling Green, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 15 1949

AUG 31 1949

SEP 8 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.

Student
Student Embalmer

Signed Harold C. Kink

Licensed Embalmer No. 4597

P. O. Address Bonnie Green

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.