

No. 300
10-48

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36477

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 2 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		9
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Route 14		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Washington c. (Last) Malicoat			4. DATE OF DEATH (Month) (Day) (Year) 10-9-49		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 9-1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 11 IF UNDER 6 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) White Hall Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Malicoat		13b. MOTHER'S MAIDEN NAME Elizabeth Christy		14. NAME OF HUSBAND OR WIFE Mamie	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie Malicoat Poplar Bluff		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Metastasis of Carcinoma of Urinary Bladder.		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) of Urinary Bladder.		
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		181X
19a. DATE OF OPERATION Sept 4 8		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder. Radiation treatment			
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) (Min.)		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 Sept 10 48 , to Oct 1949 , that I last saw the deceased alive on 1 Oct 1949 , and that death occurred at 10:55 AM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. Johnson MD		23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED 9 Nov 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-49		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
24d. LOCATION (City, town, or county) (State) Van Buren, Mo.		DATE REC'D BY LOCAL REG. Nov 12-1949		REGISTRAR'S SIGNATURE Wm. H. Johnson 428	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phil A. Leuckel Van Buren, Mo.					

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

W. H. JOHNSON

NOV 14 RECD

1149-410

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

APR 12 1965

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.....

Philip J. Crosserby

Signed.....

Student Embalmer

Licensed Embalmer No. *04618*

P. O. Address *Poplar Bluff, 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.