

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

830

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield mo 6396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7120 N National</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmira Adaline</u> b. (Middle) <u>Malicost</u> c. (Last) <u>Malicost</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1950</u>	
5. SEX <u>F M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-12-1861</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR <u>1</u> Days	IF UNDER 24 HRS. <u>8</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Pauc Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Amos Davidson</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa Jane Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Robert L Malicost Sec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Arthur Boehm</u>		ADDRESS <u>712 N National</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* <u>Myocarditis, chronic arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>probably several years</u> ANTECEDENT CAUSES <u>due to (b) acute heart failure -</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: <u>genl. malnutrition &amp; probably vitamin deficiency chronic</u> approx 2 wks. 4 2 2 1	
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 Jan 1950</u> to <u>27 Jan 1950</u> , that I last saw the deceased alive on <u>22 Jan 1950</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>James E. Knable MD</u>		23b. ADDRESS <u>630 N Jefferson Springfield Mo</u>	
23c. DATE SIGNED <u>23 Jan 50</u>		24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24b. DATE <u>1-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge near Walnut Grove Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>W L Deum</u>	
25. ADDRESS <u>Springfield Mo</u>		DATE REC'D BY LOCAL REG. <u>1-23-50</u>	
REGISTRAR'S SIGNATURE <u>W F Handley MD III</u>		ADDRESS	

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.

Signed H. J. McCann .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2727 .....

P. O. Address Springfield 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.