

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3863**

FILED MAR 1 1950

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 48

0104
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY OR TOWN COLUMBIA		c. CITY OR TOWN COLUMBIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOONE CO (NOT ENTERED)		d. STREET ADDRESS 1010 Rogers St	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) E. c. (Last) MALTER			4. DATE OF DEATH (Month) (Day) (Year) FEB 14 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH SEPT 8 1890
9. AGE (In years, Months, Days) 59 9 5 6		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Stephens College	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Malter		13b. MOTHER'S MAIDEN NAME Dont Know	
14. NAME OF HUSBAND OR WIFE Dont Know		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1st World War	
16. SOCIAL SECURITY NO. 271-20-6150		17. INFORMANT'S SIGNATURE OR NAME Vora KeHoe ADDRESS Columbia Mo	
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 minutes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease years DUE TO (c) Essential Hypertension years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/20/1	
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) (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 Dec 1946 to Feb 14 1950 , that I last saw the deceased alive on Jan 23 1949 , and that death occurred at 7 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (In care or title) Charles A. Keel Jr MD		23b. ADDRESS Columbia, Mo	
23c. DATE SIGNED 2/14/50		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE FEB 16 1950		24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery	
24d. LOCATION (City, town, or county) (State) Moberly Mo		25. FUNERAL DIRECTOR'S SIGNATURE R. W. Keel ADDRESS Columbia Mo	
DATE REC'D BY LOCAL REG. Feb 15 1950		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	

MAR 2 1950

RECEIVED FEB 21 1950
DISTRICT HEALTH DEPARTMENT
District File Number

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, ~~_____~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Lyman H. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.