F.S. No. 300
Rev. 10.48

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

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16006

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): POPLAR BLUFF HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF 013 3
d. STREET ADDRESS (If rural, give location): 713 FOLEY

3. NAME OF DECEASED (Type or Print)
a. (First): RONALD
b. (Middle): DALE
c. (Last): MALLADY

4. DATE OF DEATH (Month) (Day) (Year): MAY 9 - 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: OCT 11-1946
9. AGE (In years last birthday): 3 | IF UNDER 1 YEAR: Months: | Days: | IF UNDER 24 HRS.: Hours: | Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): POPLAR BLUFF MO 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JAMES MALLADY
13b. MOTHER'S MAIDEN NAME: CREDIA MULLINS
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.: —
17. INFORMANT'S SIGNATURE OR NAME: James Mallady
ADDRESS: Poplar Bluff 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wounds, compressed, severe, chest and abdomen. — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) being run over by automobile. — " 8,24

DUE TO (c) — " 25

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Shock, severe

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 123
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street in front of home.
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Poplar Bluff, Butler Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Run over by automobile.

22. *I hereby certify that I attended the deceased from* 5-9, 1950, *to* 5-9, 1950, *that I last saw the deceased alive on* 5-9, 1950, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Fonda, 0 **(Degree or title)**: M.D.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 5-11-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: MAY 12-1950
24c. NAME OF CEMETERY OR CREMATORY: MARBLE HILL CEM.
24d. LOCATION (City, town, or county) (State): 3 MI. N. POPLAR BLUFF MO

DATE REC'D BY LOCAL REG.: May 15-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE: N. J. Phelps
ADDRESS: Poplar Bluff MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

BUTLER CO. HEALTH CENTER
MAY 24 1959
FILE No. 550-229

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 N. T. Shelf
Licensed Embalmer No. 3231
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.