

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20725**

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL (Jeffer)		c. CITY (If outside corporate limits, write RURAL and give township) RR 2 Festus, MO	
c. LENGTH OF STAY (in this place) 6 mo.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) FRANK W. MALLOW			4. DATE OF DEATH MAY 29 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 31 1873		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months 11 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) PALMER MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME HENRY MALLOW		13b. MOTHER'S MAIDEN NAME NANCY JANE CHAPMAN		14. NAME OF HUSBAND OR WIFE Francis Lillie MALLOW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Francis Lillie Mallow ADDRESS R-Festus	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2	
		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.		4201	

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) NATURAL		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) m.		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 _____, 19____, to **MAY 30, 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Daniel J. Mahoney (Where by title) Coroner		23b. ADDRESS Re Soto, MO.		23c. DATE SIGNED 5/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 1, 1950		24c. NAME OF CEMETERY OR CREMATORY PALMER CEM.	
24d. LOCATION (City, town, or county) (State) Washington Co. MO		25. FUNERAL DIRECTOR'S SIGNATURE Conrad Bellville ADDRESS 142 Central, Festus, MO.			
DATE REC'D BY LOCAL REG. 5/31/50		REGISTRAR'S SIGNATURE Conrad Bellville		142	

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

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-14-50

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

Eleana Poirice

Licensed Embalmer No. 3403

P. O. Address Festus 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.