S. No. 300
EV. 10-48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0190 23030
State File No.

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Grand River Twp.
d. STREET ADDRESS (If rural give location) 1 mi So of Hville Mo

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. c. (Last) MALLICOAT
4. DATE OF DEATH (Month) July (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 14-1875
9. AGE (In years last birthday) 75 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wesley Mallicoat
13b. MOTHER'S MAIDEN NAME Rebecca Lusk
14. NAME OF HUSBAND OR WIFE Ollie Mallicoat
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Roupe Harrisonville 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) Uremia + Cardiac arrest
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c) Senility + arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5921

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28, 1946, *to* 7-11, 1950, *that I last saw the deceased alive on* 7-11, 1950, *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harry B. Nelson, D.O.
23b. ADDRESS Harrisonville, Mo
23c. DATE SIGNED 7-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 13-1950
24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery
24d. LOCATION (City, town, or county) (State) Harrisonville Mo

DATE REC'D BY LOCAL REG. July 13, 1950
REGISTRAR'S SIGNATURE Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Runnenburgers Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 15 1950
CASS COUNTY
HEALTH DEPARTMENT

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. 369, working under my personal supervision.

Student B. J. Lindley
Student Embalmer

Signed Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.