

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24050
Registrar's No. 263

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 0644	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 510 Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 510 Walnut			

3. NAME OF DECEASED (Type or Print) Charles C. Malcher			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Acetyln Engineer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Worcester Massachusetts	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Allen R. Malcher	13b. MOTHER'S MAIDEN NAME Tina Lawrence	14. NAME OF HUSBAND OR WIFE Suzen Oldham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. C. Malcher	ADDRESS 510 Walnut Hannibal Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 day 4221
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis Arterio sclerotic type		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bronchial pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 11, 1950, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. Murphy	(Degree or title) M.D.	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 7-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/20/50	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 7/26/50	REGISTRAR'S SIGNATURE S. E. M. Luedke	25. FUNERAL DIRECTOR'S SIGNATURE M. Crawford	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—644

RECEIVED JUL 28 1950

MARION CO. HEALTH DEPT.

DATE FILED 7-29-50.

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

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.