

FILED JAN 22 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 258

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1609 So. 11th St.,		d. STREET ADDRESS (If rural, give location) 1609 So. 11th St.	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) A.		c. (Last) MALOTTE		4. DATE OF DEATH (Month) (Day) (Year) I 13 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH -5-29-1877	
9. AGE (In years less birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Contractor		10b. KIND OF BUSINESS OR INDUSTRY Brick Laying		11. BIRTHPLACE (State or foreign country) Jackson Co., Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Andrew J. Malotte		13b. MOTHER'S MAIDEN NAME Sarah McAlexander		14. NAME OF HUSBAND OR WIFE Lillian Malotte	
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 Lillian Malotte, 1609 So. 11th St.	

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) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1 1951 to Jan 12 1951</u> <u>26-40</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Suppuration</u>		DUE TO (c) <u>480X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic Sore leg</u>		<u>Several years duration</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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)		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 Jan 1, 1951, to Jan 13, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 11:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Anton J. Goodson M.D.</u>		(Degree or title)		23b. ADDRESS <u>324 E. Mo. Ave.</u>		23c. DATE SIGNED <u>Jan 16 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cestepo</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John B. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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, only

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed John E. Rupp  
Licensed Embalmer No. 3986  
P. O. Address St. Joseph, 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.