

FILED MAR 8 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 4342

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>105 North Decatur</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Jasper</b>	b. (Middle) <b>EDGAR</b>		c. (Last) <b>Machen</b>	Jan.	26	51
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>13 Sept. 1890</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>		11. BIRTHPLACE (State or foreign country) <b>Malden, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Nathen S. Machen</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza E. Blanton</b>		14. NAME OF HUSBAND OR WIFE <b>Jettie Walker Machen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Yes</b> (If yes, specify war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO. <b>499-22-9317</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jettie Machen</b> ADDRESS <b>Malden Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b>		DUPLICATE OF ORIGINAL				<b>6 yrs</b>	
ANTECEDENT CAUSES		DUPLICATE OF ORIGINAL				<b>2 mo.</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF ORIGINAL				<b>153 X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <b>kidney involved before death</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <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 June 10, 1949, to Jan 26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>S.E. Mitchell M.D.</b> (Degree or title)		23b. ADDRESS <b>Malden Mo</b>		23c. DATE SIGNED <b>1/27/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>28 Jan. 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park</b>	
24d. LOCATION (City, town, or county) <b>Malden</b>		24e. LOCATION (State) <b>Mo</b>			
DATE REC'D BY LOCAL REG. <b>Feb. 13, 1951</b>		REGISTRAR'S SIGNATURE <b>J.P. Schaeffer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace R. Knight</b> ADDRESS <b>Malden Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

351

APR 10 1951

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 2-26-51  
COUNTY FILE NUMBER 251-50

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 *Thomas C Knight*

Licensed Embalmer No. *8187*

P. O. Address *Malden 3, Parma 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.