

FILED JUN 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21753

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 119

77

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Grand Pass township	
c. LENGTH OF STAY (In this place) 7 weeks		d. STREET ADDRESS (If rural, give location) 1 mile west Malta Bend	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Fitzgibbon hospital			

3. NAME OF DECEASED a. (First) George		b. (Middle) John		c. (Last) Malter		4. DATE OF DEATH (Month) (Day) (Year) June 13th, 1951.	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 23	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Collinsville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Malter	13b. MOTHER'S MAIDEN NAME Mary Pausch	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Fred Malter, Malta Bend, Mo.	ADDRESS Bend, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, hip		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331XF
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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
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22. I hereby certify that I attended the deceased from **26 April, 1951**, to **13 June, 1951**, that I last saw the deceased alive on **13 June 1951**, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Fisher (Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 6-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Malta Bend cemetery	24d. LOCATION (City, town, or county) (State) Malta Bend, Mo.
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DATE REC'D BY LOCAL REG. June-15-1951	REGISTRAR'S SIGNATURE Sidney F. Gray	25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-MO.	ADDRESS -----
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-19-51

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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

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working under my personal supervision.

Student Embalmer No.

Signed W. Campbell

Signed.....
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall, M.

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.