S. No. 300
. 10.48

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22382

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 91

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) 54 hrs.
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 Calif
b. COUNTY L.A.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Los Angeles 9040
d. STREET ADDRESS (If rural, give location) 1409 E. 64th St. 1

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) — c. (Last) Mallory

4. DATE OF DEATH (Month) (Day) (Year) Aug. 2 1951

5. SEX Female
6. COLOR OR RACE White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED (Specify)~~ Never Married
8. DATE OF BIRTH June 7-1885
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 1 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Winston Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Mallory
13b. MOTHER'S MAIDEN NAME Elizabeth Hargis
14. NAME OF ~~HUSBAND~~ OR ~~WIFE~~ None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Price ADDRESS 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) Hemorrhage, Cerebral — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒ 4200

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* July 15, 1951, *to* Aug. 2, 1951, *that I last saw the deceased alive on* Aug 2, 1951, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Harrisonville, Mo
23c. DATE SIGNED Aug. 3 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 5-51
24c. NAME OF CEMETERY OR CREMATORY Butler Cemetery
24d. LOCATION (City, town, or county) Maysville (State) Mo

DATE REC'D BY LOCAL REG. Aug 3, 1951
REGISTRAR'S SIGNATURE Dora Barnard 437
25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Bros. ADDRESS Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 4 1951
GREE COUNTY
HEALTH DEPARTMENT

SEP 22 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Hoyt Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

4/no.