

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26622**
Registrar's No. **737-A**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 737-A	
1. PLACE OF DEATH a. COUNTY CROCKETT 0396				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Mansfield (Rural)		d. STREET ADDRESS (If rural, give location) 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				3. NAME OF DECEASED a. (First) Millie b. (Middle) Louisa c. (Last) Mallory			
4. DATE OF DEATH (Month) (Day) (Year) Aug 27, 1951		5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 27, 1884		9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) Wright Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME E.C. Bowman		13b. MOTHER'S MAIDEN NAME Josie Couch	
14. NAME OF HUSBAND OR-WIFE Willie Burton Mallory		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.B. Mallory, Mansfield Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas				INTERVAL BETWEEN ONSET AND DEATH 5 months			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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 157X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 July 16, 1951 , to August 27, 1951 , that I last saw the deceased alive on August 27, 1951 , and that death occurred at 5:08 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm D Callaway Jr M.D				23b. ADDRESS Holland Bldg, Springfield, Mo.		23c. DATE SIGNED Aug 27, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-27-51		24c. NAME OF CEMETERY OR CREMATORY New Hope		24d. LOCATION (City, town, or county) (State) Wright Co Mo.	
DATE REC'D BY LOCAL REG. 8-29-51		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene E. Holdren, Hartsville			

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gene E. Hallgren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.