

FILED AUG 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27738

REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

Registrar's No. 193

1742
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (In this place) 5 min.		d. STREET ADDRESS (If rural, give location) 216 South Mulberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 413 West Thompson			
3. NAME OF DECEASED a. (First) WARREN		b. (Middle) HAROLD	
c. (Last) MALVERN		4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/16/86
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	11. BIRTHPLACE (State or foreign country) Quitman, Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. D. Malvern		13b. MOTHER'S MAIDEN NAME Lucy A. Weddle	
14. NAME OF HUSBAND OR WIFE Letha Deen Malvern, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I	
16. SOCIAL SECURITY NO. 486-32-2850		17. INFORMANT'S SIGNATURE OR NAME Mrs. Herman Young, Maryville, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 4201	
20. AUTOPSY? YES <input 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)		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 Dec. 20, 1950 , to Aug. 18, 1951 , that I last saw the deceased alive on Aug. 18, 1951 , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. G. Parton, D. O.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 8/20/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/21/51		24c. NAME OF CEMETERY OR CREMATORY Quitman	
24d. LOCATION (City, town, or county) (State) Quitman, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 8-25-51		REGISTRAR'S SIGNATURE Beas Holt	



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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert L. Senter

Signed.....
Student Embalmer

Licensed Embalmer No. 4782

P. O. Address Maryville, 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.