

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34745

State File No. ....

FILED OCT 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 605 PRIMARY REG. DIST. NO. 6047 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place)		3388	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>2605 25th Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marlin</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Malloy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 5,</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common Carrier</u>	11. BIRTHPLACE (State or foreign country) <u>Wheaton, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theodore Malloy</u>	13b. MOTHER'S MAIDEN NAME <u>Erna Hissler</u>	14. NAME OF HUSBAND OR WIFE <u>Opal Malloy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>513-246577</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Opal Malloy</u> ADDRESS <u>2005 28th st. Kansas City, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Burns</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Burning automobile Wreck.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8254</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>192 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wentzville St. Charles Co Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 13-51 3P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Trailer truck turned over pinning driver</u>
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22. I hereby certify that I attended the deceased from held inquest Oct, 13, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marie Munchay</u> (Degree or title) <u>Croner</u>	23b. ADDRESS <u>Wentzville Mo.</u>	23c. DATE SIGNED <u>10-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 13-51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 15 1951</u>	REGISTRAR'S SIGNATURE <u>Martin F. Puff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Munchay</u> ADDRESS <u>Wentzville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

20  
3

DEC  
File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4  
OCT 18 1951

RECEIVED

OCT 25 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 <sup>not</sup> \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Marie Mussburg*

Licensed Embalmer No. *2461*

P. O. Address

*Wentzville, 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.