

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41100

DEC 17 1951

State File No. _____
Registrar's No. 74

BIRTH NO. 12-1-57 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5341

298

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>So. twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>So. twp.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Everton Mo rt</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ervin</u>	b. (Middle) <u>McMasters</u>	c. (Last) <u>Mallory</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>nov 27 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-3-1878</u>	9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Days <u>0</u>	# UNDER 1 YEAR Hours <u>24</u>	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>dade co mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. Mallory</u>	13b. MOTHER'S MAIDEN NAME <u>Esther Gibson</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Mallory</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lizzie Mallory</u>	ADDRESS <u>Everton Mo. rt</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, asphyxia, 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>Cerebral apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 11-17, 1951, to 11-27, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 11:00a m., to the causes and on the date stated above.

23a. SIGNATURE <u>M. S. B...</u> (Degree or title)	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>12-1-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-1-57</u>	REGISTRAR'S SIGNATURE <u>Geo L. Meir</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Allison</u>	ADDRESS <u>Greenfield Mo</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 10 1951

Dist. File 1257-3080

Date Filed 12-11-51

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.....
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 474

P. O. Address Gold 90

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.