

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6221 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY WEBSTER - Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELKLAND "RURAL" Life
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Webster
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkland "Rural"
d. STREET ADDRESS (If rural, give location) Washington 1120

3. NAME OF DECEASED (Type or Print) a. (First) CHARITY b. (Middle) MALLARD c. (Last) MALLARD 4. DATE OF DEATH (Month) (Day) (Year) 3-1-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 8-9-1873 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min. 78 6 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cousinkeeper 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis Anglin 13b. MOTHER'S MAIDEN NAME Mary Allee 14. NAME OF HUSBAND OR WIFE Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Lee Mallard ADDRESS Elkland Mo RR

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES NO

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) (Minute) 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 2-26, 1952, to 3-1, 1952, that I last saw the deceased alive on 3-1, 1952, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS Buffalo Mo 23c. DATE SIGNED 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-6-1952 24c. NAME OF CEMETERY OR CREMATORY Thorpe 24d. LOCATION (City, town, or county) (State) Dallas Co Mo

DATE REC'D BY LOCAL REG. 3/11/52 REGISTRAR'S SIGNATURE J. Francis 392-0 25. FUNERAL DIRECTOR'S SIGNATURE R B Jones ADDRESS Buffalo Mo

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

150

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 Myron B Jones

Licensed Embalmer No. 4327

P. O. Address Buffalo, 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.