

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13865**

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Waynesville Pulaski Co</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Merramec typ</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Near Max Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeWitt Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>M</u> c. (Last) <u>Maledy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/15/52</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>June 30 1899</u>	9. AGE (In years last birthday) <u>52</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HRS. Hours	if UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>X</u>
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13a. FATHER'S NAME <u>Peter Maledy</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Tallent</u>	14. NAME OF HUSBAND OR WIFE <u>Mae Maledy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mae Maledy</u> ADDRESS <u>Max 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 <u>3 weeks</u> <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis</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 4-12, 1952, to 4-15, 1952, that I last saw the deceased alive on 4-15, 1952, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.C. DeWitt</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Waynesville Mo</u>	23c. DATE SIGNED <u>4-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-26-52</u>	REGISTRAR'S SIGNATURE <u>Paul G. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spitzer</u> ADDRESS <u>Kalamo Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

850
0

RECEIVED 4-26-52
Putaski County Health Officer
File Number 4-26-52
Date Filed 4-26-52

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 _____

Licensed Embalmer No. 9370

P. O. Address _____

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.