No. 300
10.48

FILED FEB 23 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7097

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5053 Registrar's No. 34

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla, Mo
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co. Memorial Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hancock 0850
d. STREET ADDRESS (If rural, give location): City

**3. NAME OF DECEASED** (Type or Print)
a. (First): Douglas
b. (Middle): Lloyd
c. (Last): Malone

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 21, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married
**8. DATE OF BIRTH**: Jan 17, 1953
**9. AGE** (In years last birthday): If under 1 year: Months / Days: 4 / If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Hancock, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Lloyd W. Malone
**13b. MOTHER'S MAIDEN NAME**: Lucille Erickson
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Lloyd W. Malone
**ADDRESS**: Hancock, Mo

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalocele — Congenital

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.*: Meningitis — 10 hours

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**: 751x
**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) m.
**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* Jan 17, 1953 *to* 21 Jan, 1953 *that I last saw the deceased alive on* 21 Jan, 1953 *and that death occurred at* 1:00 p *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: E Douglas
(Degree or title): M. D.
**23b. ADDRESS**: Dixon, Missouri
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan 22, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Seaton Cemetery
**24d. LOCATION** (City, town, or county) (State): Dixon, Mo Rural

**DATE REC'D BY LOCAL REG.**: Feb. 18, 1953
**REGISTRAR'S SIGNATURE**: Nadine L. Stoll
**25. FUNERAL DIRECTOR'S SIGNATURE**: Hedges Funeral Home Inc.
**ADDRESS**: Iberia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____

Date Filed 2-24-53

## 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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.