

5. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16793

State File No.

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 10

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1

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural (Richland)</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Richland)</u> <u>1030</u> | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Essex, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Abe</u> | b. (Middle) <u>Granvle</u> | c. (Last) <u>Mallonee</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1953</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, 1891</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ozark County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Tom Mallonee</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Sarah Mallonee</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>445-10-6569</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Mallonee, Essex, Mo.</u> | ADDRESS <u>R 1</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 <u>2 1/2 hr</u> <u>1 hr</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>The father's Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Lung</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>163X</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 Jan 12, 1951 to April 14, 1953, that I last saw the deceased alive on April 14, 1953, and that death occurred at 10:50 PM from the causes and on the date stated above.

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|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Usual Signature</u> (Degree or title) _____ | 23b. ADDRESS <u>Dexter, Mo.</u> | 23c. DATE SIGNED <u>4/21/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-16-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Taylor</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Essex, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>April 30 1953</u> | REGISTRAR'S SIGNATURE <u>Rose Webber</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.