S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25656

State File No. .....

B FILED JUL 24 1953

BIRTH NO. ..... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1305 Fulton Avenue

2. USUAL RESIDENCE (Where deceased ... institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 1305 Fulton Avenue 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): May
c. (Last): Malia

4. DATE OF DEATH (Month) (Day) (Year): 7-2-1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 7/15/1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles R. Blaine
13b. MOTHER'S MAIDEN NAME: Charollote Hightower
14. NAME OF HUSBAND OR WIFE: Arthur J. Malia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Charles A. Malia, 1305 Fulton, Hannibal, 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) Arterio Sclerosis-Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 da

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
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* 1-1-, 1948, *to* 7-2-, 1953, *that I last saw the deceased alive on* 6-28-, 1953, *and that death occurred at* 4:40P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W P Birney MD
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/4/1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 7/13/53
REGISTRAR'S SIGNATURE: H E McLuke Deputy — H C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Michael J O'Donnell Hannibal Mo

189-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 21 1953
MARION CO. HEALTH DEPT.
DATE FILED JUL 21 1953

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.