

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

State File No. **27671**

No. 300
10.48

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5068 Registrar's No. 70

0060

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

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Doylesport		c. LENGTH OF STAY (in this place) 1 month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agate Colo.		d. STREET ADDRESS (If rural, give location) 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) DAVID c. (Last) MALLORY			4. DATE OF DEATH (Month) (Day) (Year) Aug. 30 53				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 23, 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Mts. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Stevenson Co., Ill		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Daniel		13b. MOTHER'S MAIDEN NAME Manirva Mallory		14. NAME OF HUSBAND OR WIFE Emma Rutledge Mallory			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Homer Lathrop Sheldon R.R.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 mo 2 yr 5 yr	
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 442 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8 24</u> , 19 <u>53</u> , to <u>8 30</u> , 19 <u>53</u> that I last saw the deceased alive on <u>8-30</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Bannister MD				23b. ADDRESS Sheldon Mo		23c. DATE SIGNED 8-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 2-53	24c. NAME OF CEMETERY OR CREMATORY Dunnigan Grove		24d. LOCATION (City, town, or county) (State) Sheldon Mo		
DATE REC'D BY LOCAL REG. SEP 9 - 1953		REGISTRAR'S SIGNATURE Marie Korantz		25. FUNERAL DIRECTOR'S SIGNATURE L. Grace Deery		ADDRESS Sheldon Mo	

(Licensed Embalmers' Statement on Reverse Side)

SEP 16 1934

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 *L. Gerald Beery*

Licensed Embalmer No. 4263

P. O. Address *Sheldon Me*

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.