

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

**35620**

State File No. ....

**FILED NOV 9 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 995

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission)	
a. COUNTY <u>Greene</u>	b. CITY OR TOWN <u>Springfield</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Greene</u>
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Springfield Rt. 6</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural 1st. Center</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>GEORGE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>MALONEY</u>	(Month) <u>11</u>	(Day) <u>2</u>	(Year) <u>1953</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>August 7, 1882</u>	<b>9. AGE</b> (In years last birthday) <u>70</u>	<b>10. CITIZENSHIP</b> <u>USA</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Ret. Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Ret. Laborer</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ill.</u>	

<b>13a. FATHER'S NAME</b> <u>Jake Maloney</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Malissa Bush</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Widowed</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service)	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Nellie Parrish</u>	<b>18. ADDRESS</b> <u>Paris Ill. Rt. 2</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Medical Certification: Congestive heart failure</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yr</u> <u>5 yr</u> <u>2 yr</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>Cerebral Vasculor Accident</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Nov 2, 1953, **to** Nov 2, 1953, **that I last saw the deceased alive on** Nov 2, 1953, **and that death occurred at** 12:40 P.M., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Care D Russell M.D.</u>	<b>23b. ADDRESS</b> <u>1951 S. National</u>	<b>23c. DATE SIGNED</b> <u>11-2-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>11-2-1953</u>	<b>24c. NAME OF SEMETERY OR CREMATORY</b> <u>Paris Ill.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Paris Ill.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-2-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J.W. Klingner &amp; Co.</u>	<b>ADDRESS</b> <u>Springfield Mo</u>
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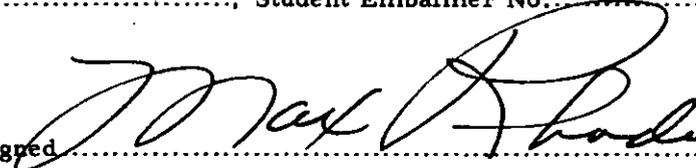
(Licensed Embalmer's Statement on Reverse Side)

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

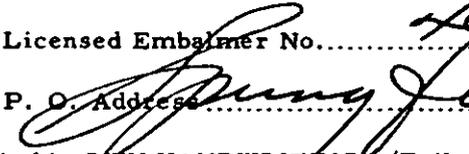
STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.