

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43584

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 139

06/1/53

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>1 WK.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence 7005</u>		d. STREET ADDRESS (If rural, give location) <u>1524 East Kansas. 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u> b. (Middle) <u>Lucielle</u> c. (Last) <u>Maloney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1920</u>	9. AGE (In years last birthday) <u>33</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Randolph Cty. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jess Shawk</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>A.B. Maloney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.B. Maloney Independence, Mo.</u>		
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Colon)</u> ANTECEDENT CAUSES <u>Op. of breast with general metastases</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>		
19a. DATE OF OPERATION <u>12-17-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized metastases</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>170X</u>		
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>11-30, 1953</u> , to <u>12-17, 1953</u> that I last saw the deceased alive on <u>12-17, 1953</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>12-28-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/29/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Macon, Mo.</u>	

JUN 13 1964

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 12-53-207
Date Filed 1-2-64

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Ga.

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.