

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8188**

FILED APR 14 1954

BIRTH NO. REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Dunklin b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden c. LENGTH OF STAY (in this place) 4 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 410 E. Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden d. STREET ADDRESS (If rural, give location) 410 E. Laclede			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) MAY c. (Last) HARTLINE			4. DATE OF DEATH (Month) (Day) (Year) MAR. 25, 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Aug. 12, 1889		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR: Days 7 Hours 13 Mins.			
11. BIRTHPLACE (State or foreign country) Dunklin County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ike Johnson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Hartline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Hartline, Malden, Mo.			
MEDICAL CERTIFICATION							
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (malignancy) 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				INTERVAL BETWEEN ONSET AND DEATH			
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)			
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 11-21-1953 , to Mar 25, 1954 , that I last saw the deceased alive on Mar 25, 1954 , and that death occurred at 3 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. T. Edmondson M.D.				23b. ADDRESS Malden Mo			
23c. DATE SIGNED 3-26-54							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Malden, Missouri			
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo.					
DATE REC'D BY LOCAL REG. 4-9-54		REGISTRAR'S SIGNATURE J. W. Schuman					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUKIN COUNTY HEALTH

DEPARTMENT 4-13-54

COUNTY FILE NUMBER 454-

APR 14

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

Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell, Y

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.