

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5467 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Robberson</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rural Robberson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Willard RFD#2</u>		e. STREET ADDRESS (If rural, give location) <u>Willard RFD#2</u>	

3. NAME OF DECEASED (Type or Print) <u>EMMA</u>			a. (First)	b. (Middle)	c. (Last) <u>MALENOWSKY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1954</u>		
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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>31 March 1878</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
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13a. FATHER'S NAME <u>Fred Kollman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Malenowsky</u>	
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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 <u>Frank Malenowsky</u>		ADDRESS <u>Willard, Mo. RFD#2</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		DUPLICATE TO (b) <u>Arteriosclerotic heart disease</u>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE 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 <u>4200</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-1-, 1950, to 5-29-, 1954, that I last saw the deceased alive on 5-29-, 1954, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Merton</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson Springfield, Missouri</u>	23c. DATE SIGNED <u>5-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robberson Prairie Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-1-54</u>	REGISTRAR'S SIGNATURE <u>Wm. Williams</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. Klingner & Co.</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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ONE

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 *Max Phob*.....
HE

Licensed Embalmer No.....

P. O. Address *Spring*.....

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.