

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19055**
2424

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. (If residence within limits of a city or incorporated town?) Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr</u>		e. STREET ADDRESS (If rural, give locality) <u>17 2826 Campbell</u> <u>3438</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2826 Campbell St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Malone</u> c. (Last) <u>Malone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-54</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>Widowed</u>	8. DATE OF BIRTH <u>2-18-1870</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months	11. UNDER 1 WKS. Days	12. UNDER 1 WKS. Hours	13. UNDER 1 WKS. Min.
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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>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Cloud, Minn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Spoe</u>	13b. MOTHER'S MAIDEN NAME <u>Wick</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Harry Malone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frederick Malone Liberty St</u>	ADDRESS <u>Liberty St</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia, terminal</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fractured Hip 5-24-54</u>		<u>29 37</u> <u>44</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Living Room</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-24-54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor</u>
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22. I hereby certify that I attended the deceased from 5-25, 1954, to 5-28, 1954, that I last saw the deceased alive on 5-28, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Owens</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>1034 Pratt Bldg.</u>	23c. DATE SIGNED <u>5-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>6-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-29-54</u>	REGISTRAR'S SIGNATURE <u>Suzaldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Shiel</u>	ADDRESS <u>11-C. Mo</u>
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WRITE PLAINLY—USING UNFADING 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 John Bates Johnson Gaerner Jr., Student Embalmer No. 494 working under my personal supervision..

Student John B. J. Gaerner Jr.
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address A. C. M.

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.