

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9267**

BIRTH NO. 124 REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 3059 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY OR TOWN BONNE TERRE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		STREET ADDRESS (If rural, give location) 34 PARK	

3. NAME OF DECEASED (Type or Print) a. (First) CLARDY b. (Middle) THOMAS c. (Last) MALUGEN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Insurance		8. DATE OF BIRTH JULY 29, 1878	
				9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 24 HRS. Hours Mins. 	
11. BIRTHPLACE (City and State or Foreign Country) Piedmont Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME THOMAS B MALUGEN		13b. MOTHER'S MAIDEN NAME MARYJANE TULLOCK		14. NAME OF HUSBAND OR WIFE ETHEL MALUGEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ETHEL MALUGEN ADDRESS BONNE TERRE MO	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of myocardium		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis		3 wks.	
		DUE TO (c) Cerebral embolus		4 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 3/7, 1955, to 3/13, 1955, that I last saw the deceased alive on 3/13, 1955, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Jullien (Degree or title)		23b. ADDRESS Bonne Terre, Missouri		23c. DATE SIGNED 3/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 15, 1955		24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	
DATE REC'D BY LOCAL REG. Mar. 14, 1955		REGISTRAR'S SIGNATURE Cather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Wells ADDRESS BONNE TERRE MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1959

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. 3700

P. O. Address. Danvers

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.