

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 12 1955

State File No. **11149**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **289**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	c. LENGTH OF STAY in this place 4 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) Laura (Last) Malloy		4. DATE OF DEATH (Month) (Day) (Year) April 18 1953	
5. SEX F	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1 1931
9. AGE (In years) 22 If UNDER 1 YEAR: Months 1 Days 17 If UNDER 1 Mth. Hours _____ Mts. _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY <	
12. CITY OF WHAT COUNTRY? O.S.A.			

13a. FATHER'S NAME Aubra Pitt Vick	13b. MOTHER'S MAIDEN NAME Ethel Moore Vick	14. NAME OF HUSBAND OR WIFE Firman George Malloy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 492-32-1616	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS Ethel M. Vick Miller Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownary Thrombosis				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	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 **4-15 1953** to **4-18 1953**, that I last saw the deceased alive on **4-18 1953**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. ... (Degree or title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 4-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/53	24c. NAME OF CEMETERY OR CREMATORY OWL, Roosevelt Cem
24d. LOCATION (City, town, or county) (State) Near Ellisville Mo	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS William ... Piedmont Mo.	
DATE RECD BY LOCAL REG. 5/4/55	REGISTRAR'S SIGNATURE D. A. ...	

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

RECEIVED
MAY 10 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Goder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William Cochran

Licensed Embalmer No.

3723

P. O. Address

Piedmont, Pa.

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.