

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12042**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 1719

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>83 yrs.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DELIA</b> b. (Middle) _____ c. (Last) <b>MALLAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 19 55</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>FEB. 2, 1871</b>
9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HOURS Days _____	IF UNDER 24 HOURS Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - 25 YRS.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LOOSE+WILES BIS.CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, ILLINOIS</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>PATRICK HOLLERAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET MANNING</b>		14. NAME OF HUSBAND OR WIFE <b>MICHAEL MALLAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. NELLIE MINLACE*1512 ADMIRAL*K.C., MO.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio-sclerotic Cardiac disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 yrs</i>	
		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.		<i>4200</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Oct 1947, to Apr 19 1955, that I last saw the deceased alive on April 19, 1955, and that death occurred at 10:40 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>John R. Whiteman MD</i> (Degree or title) <b>MD</b>		23b. ADDRESS <i>6314 Brookside Plaza</i>		23c. DATE SIGNED <i>4-20-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/21/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Melody McGilley Eylar</i> <b>MELLODY*MCGILLEY*EYLAR*KANSAS CITY, MO.</b>			
DATE REC'D BY LOCAL REG. <i>4-20-55</i>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

Rep. Whitman  
6314 Beachside  
Hi 6607

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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 Joan Miller....., Student Embalmer No. 507

working under my personal supervision..

Student Joan Miller  
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K.C. 77

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.