

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19723

State File No.

FILED JUL 11 1955 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Moberly		c. CITY OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		STREET ADDRESS (If rural, give location) 730 So Williams	

3. NAME OF DECEASED (Type or Print)	a. (First) Edgar	b. (Middle) B	c. (Last) Mallory	4. DATE OF DEATH (Month) (Day) (Year) June 22nd 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 5th 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James C Mallory	13b. MOTHER'S MAIDEN NAME Ella Settle	14. NAME OF HUSBAND OR WIFE Minnie
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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) No	16. SOCIAL SECURITY NO. 486-12-8964	17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Mallory	ADDRESS Moberly, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **Feb**, 1954, to **June 22**, 1955, that I last saw the deceased alive on **June 22**, 1955, and that death occurred at **7:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence Hobbs MD	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED June 24 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-25-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo
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DATE REC'D BY LOCAL REG. 6-25-55	REGISTRAR'S SIGNATURE Leavelle	264	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son	ADDRESS Moberly, Mo
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank S. De Witt*.....

Licensed Embalmer No. *3021*

P. O. Address *Mobily*.....

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.