

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32656

BIRTH NO.		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153		Registrar's No. 55-88	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood Mo		c. LENGTH OF STAY (in this place) 4da		c. CITY OR TOWN Everton Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				STREET ADDRESS (If rural, give location) 0290			
3. NAME OF DECEASED (Type or Print) a. (First) Marlin b. (Middle) Loyd c. (Last) Mallory			4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1955				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 30 1941		9. AGE (In years last birthday) 14 IF UNDER 1 YEAR Months 5 Days 1 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Upland Calif.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Loyd A Mallory			13b. MOTHER'S MAIDEN NAME Lorene Whitley		14. NAME OF HUSBAND OR WIFE		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loyd A Mallory Everton 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) Acute Pyelonephritis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 6000  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Progressive muscular Dystrophy  INTERVAL BETWEEN ONSET AND DEATH 2 weeks  10 yrs						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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 10-28, 1955, to 11-1, 1955, that I last saw the deceased alive on 10-31, 1955, and that death occurred at 6:15a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lee A Mc Neely MD				23b. ADDRESS Greenfield, Mo		23c. DATE SIGNED 11-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 4 1955	24c. NAME OF CEMETERY OR CREMATOR Antioch		24d. LOCATION (City, town, or county) (State) Dade Co Mo.		
DATE REC'D BY LOCAL REG. 11-2-55		REGISTRAR'S SIGNATURE W. R. Allison			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Allison Greenfield Mo.		

WRITE PLAINLY—USING UNEADING 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 *W. K. Allison*.....

Licensed Embalmer No. *140*.....

P. O. Address *Greenfield*.....

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.