

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3807

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY BOONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY COLUMBIA

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA

c. CITY OR TOWN RURAL Columbia d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION U. OF MISSOURI

STREET ADDRESS (If rural, give location) RPD 6 - MEXICO GRVELER

3. NAME OF DECEASED
a. (First) ROBERT b. (Middle) WAYNE c. (Last) MALCHOW

4. DATE OF DEATH (Month) (Day) (Year) FEB 12 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH JAN 14, 1954

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) ALBUQUERQUE, NM.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME RICHARD LEWIS MALCHOW

MOTHER'S MAIDEN NAME FAY WELCH

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 MR. RICHARD MALCHOW, ABOVE

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE LEUKEMIA
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 2043

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from JAN 5, 1956 to FEB 12, 1956 that I last saw the deceased alive on FEB 12, 1956 and that death occurred at 7:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE Clarence E. Purdie MD (Degree or title)

23b. ADDRESS U. of Missouri Hospitals

23c. DATE SIGNED Feb 12, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 13, 1956

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Columbia, Mo.

DATE REC'D BY LOCAL REG. Feb. 13 1956

REGISTRAR'S SIGNATURE Mrs R.E. Palmer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.

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.....
Tom M. Harg

Licensed Embalmer No. *406*

P. O. Address *Columb.*

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.