

FILED JUL 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24429

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Palmyra		c. CITY OR TOWN Palmyra	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Magnus	b. (Middle) Cornelius	c. (Last) Mallum Jr.	4. DATE OF DEATH (Month) (Day) (Year) 6 23 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED (Specify) WIDOWED DIVORCED SEPARATED NEVER MARRIED	8. DATE OF BIRTH 11/29/1916	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 6 Days 25	IF UNDER 24 HRS. Hours 25 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator (Paper Mill)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ft. Madison, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Magnus Cornelius Mallum	13b. MOTHER'S MAIDEN NAME Sr. Ruth Elva Hayes	14. NAME OF HUSBAND OR WIFE Helen Christ
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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. 709-16-2290	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Magnus Cornelius Mallum, Sr. Ft. Madison, Ia
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution		
	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.		9140	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 22	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Palmyra 064 Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-23-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. M. O'Donnell (Deceased or title) Coroner	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED 6/23/56
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24a. DATE OF REMOVAL (Specify)	24b. DATE 6/24/56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Ft. Madison, Iowa
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DATE REC'D BY LOCAL REG. 6-24-56	REGISTRAR'S SIGNATURE By Viola New Deputy	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Sprague Palmyra Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 18 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 18 1956

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 *Dean W. Huff*.....

Licensed Embalmer No. *4915*.....

P. O. Address *Palmyra, Mo.*

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.