

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24470

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5800 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (in this place) <b>6 Months</b>		d. STREET ADDRESS (If rural, give location) <b>4 Miles South, Monroe City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 Miles South Monroe City</b>			

3. NAME OF DECEASED a. (First) <b>Dallas</b> b. (Middle) <b>William</b> c. (Last) <b>Mallonee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 4 - 1956</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Never Married</b>	8. DATE OF BIRTH <b>10 / 18 / 1899</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR <b>9</b> Months	IF UNDER 1 YEAR <b>16</b> Hours	IF UNDER 1 YEAR <b>16</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Diecasting Pctry</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
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13a. FATHER'S NAME <b>James Mallonee</b>		13b. MOTHER'S MAIDEN NAME <b>Samantha Young</b>		14. NAME OF HUSBAND OR WIFE <b>Unmarried</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-07-4715</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Golda R. Rouse. Paris Mo.</b> ADDRESS _____			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage.</b>				INTERVAL BETWEEN ONSET AND DEATH	
		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				20. AUTOPSY? <b>331X</b> 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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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 **Pointe** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Russell M. Wilson</b>		23b. ADDRESS <b>Coronet Monroe City, Mo.</b>		23c. DATE SIGNED <b>8-6-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/5/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Judes Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Monroe City Mo</b>	
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DATE REC'D BY LOCAL REG. <b>8-7-56</b>		REGISTRAR'S SIGNATURE <b>Elvie Robertson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold S. Garard</b> ADDRESS <b>Monroe City</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Harold T. Garner*

Signed.....  
Student Embalmer

Licensed Embalmer No..... 3720

P. O. Address Monroe City 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 this body is not embalmed, fact should be so stated above.