FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38918

Registration District No. 257 Primary Registration District No. 5840 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Linn Manor Nursinghome — Length of stay in Ib 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Linn — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Felix Middle: Last: Malan

4. DATE OF DEATH Month Day Year: Nov. 20, 1956

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH July 3, 1886 **9. AGE** (In years last birthday) 70 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Selfemployed
11. BIRTHPLACE (City and state or country) Mint Hill, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Malan
14. MOTHER'S MAIDEN NAME Louise Eads

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-40-9780
17. INFORMANT Bernice Malan, Linn, Mo (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 31-56, to Nov 20-56 and last saw her/him alive on 11-19-56
Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren W. Baldwin (Degree or title) D.O.
22b. ADDRESS Linn, Mo.
22c. DATE SIGNED Nov. 21, 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 23, 1956
23c. NAME OF CEMETERY OR CREMATORY St. Louis Cemetery
23d. LOCATION (City, town, or county) (State) Bonnots Mill, Mo.

24. FUNERAL DIRECTOR Clyde Morton **ADDRESS** Linn, Mo.
25. DATE RECD. BY LOCAL REG. Nov 24-1956
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Mou

Licensed Embalmer No. 41

P. O. Address Lenin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.