No. 300
-10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2394

FILED FEB 1 1957

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: RANDOLPH
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOBERLY
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MC. CORMICK HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MONROE
c. CITY OR TOWN: PARIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 211 EAST MADISON

3. NAME OF DECEASED (Type or Print)
a. (First): VERNON
b. (Middle): DALE
c. (Last): MALLORY

4. DATE OF DEATH (Month) (Day) (Year): JAN. 17 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: FEB. 17, 1934
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months 11, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICK SETTER
10b. KIND OF BUSINESS OR INDUSTRY: MEX. R. CO MEXICO, MO
11. BIRTHPLACE (City and State or Foreign Country): MONROE CO, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY CLAY MALLORY
13b. MOTHER'S MAIDEN NAME: ETHEL N. LECHLITER
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): JAN. 28, 1953 - 1/14/1955
16. SOCIAL SECURITY NO.: 492-34-6237
17. INFORMANT'S SIGNATURE OR NAME: HENRY CLAY MALLORY ADDRESS: PARIS, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Car wreck - trauma to
~~DUE TO~~ (c) Injuries — 7 days

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? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 24 us
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Madison Monroe Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 7 1957 10 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car wreck

22. I hereby certify that I attended the deceased from Jan 7, 1957, to Jan 17, 1957, that I last saw the deceased alive on Jan 17, 1957, and that death occurred at 2:45 A m., from the causes and on the date stated above.

23a. SIGNATURE: T. M. Turner (Degree or title): M.D.
23b. ADDRESS: Madison, Mo.
23c. DATE SIGNED: 1-23-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 21, 1957
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: 1-23-57
REGISTRAR'S SIGNATURE: Leola W. Lowe
25. FUNERAL DIRECTOR'S SIGNATURE: Speed + Blakey ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Field form delayed 1 month

269-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....E. H. Agnew.....

Licensed Embalmer No. 4000...

P. O. Address PARIS, MISSOURI

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