

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3355**

FILED JAN 21 1957

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 2 Hrs.		c. CITY OR TOWN Charleston		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Field near Sikeston				e. STREET ADDRESS (If rural, give location) 301 E. Byrd Avenue			
3. NAME OF DECEASED (Type or Print) John Robert Malugen		a. (First) John b. (Middle) Robert c. (Last) Malugen		4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 12, 1938	
9. AGE (In years last birthday) 18		IF UNDER 1 YEAR Months 6 Days 23		IF UNDER 2 HRS. Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and State or Foreign Country) Caruthersville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Guffrie Malugen		13b. MOTHER'S MAIDEN NAME Gertrude McGee		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. 489-40-1603		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Venson Charleston, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet from .32 caliber pistol passed through left upper arm, left lung and heart. Found in pericardial sac. ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		981X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Field		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Scott Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 5, 1957 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by assailant while sitting in car			
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 10:00 Pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Delena C. Buchthorpe, M.D. Health Officer -				23b. ADDRESS Benton, Mo		23c. DATE SIGNED 1-9-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-57		24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 1-10-57		REGISTRAR'S SIGNATURE Miss Ella Hunter		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna E. Annelle Nunnelee Funeral Chapel Charleston			

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

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DATE RECEIVED JAN 14 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-5

DEC 11 1957

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 Edward E. [Signature]

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.