

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7850

FILED MAR 18 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 76

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>CALLOWAY</u>				a. STATE <u>MO</u>		b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MACON 06118</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #1</u>		Length of stay in 1b <u>1 yr. 10 mo.</u>		d. STREET ADDRESS (If outside, give location) <u>109 PEARL ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>OTIS</u> Middle <u>MALLET</u> Last <u>MALLET</u>				Month <u>3</u> Day <u>15</u> Year <u>57</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>FEB. 23, 1914</u>	
9. AGE (In years last birthday) <u>43</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Same as</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRICIAN RT.</u>		11. BIRTHPLACE (City and state or country) <u>UNKNOWN 9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>?</u>				13. FATHER'S NAME <u>WILLIAM HENRY MALLET</u>			
14. MOTHER'S MAIDEN NAME <u>MATTIE PURCELL</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT <u>RICHARD MALLET CALLED NIO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>CHRONIC MYOCARDITIS</u>						<u>3 YEARS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						<u>15 YEARS</u>	
DUE TO (b) <u>GEN. ARTERIOSCLEROSIS. SANGUINE</u>						<u>2 MONTHS</u>	
DUE TO (c) <u>LEFT FOOT (DIABETIC) DIABETES MELLITUS PAROTITIS</u>						<u>15 YEARS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>260X</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, for m, factory, street, office bldg., etc.) <u>STATE HOSPITAL #1</u>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. Deceased the deceased from <u>10:05 AM</u> <u>MAY 17, 1955</u> to <u>MARCH 15, 1957</u> and last saw <u>her</u> alive on <u>3/15/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. J. Freund</u>				22b. ADDRESS <u>FULTON STATE HOSPITAL</u>		22c. DATE SIGNED <u>3/15/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3/17/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>	
24. FUNERAL DIRECTOR <u>Dr. Lester Baum</u>				25. DATE RECD. BY LOCAL REG. <u>March 15 - 1957</u>		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

**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 *Howard J. Myers*

Licensed Embalmer No. ....

P. O. Address *Nacoochee*

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.