. Health,
& Welfare
S. Public
h Service

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securing the medical certification in the specific manner required by 193.140 RSMo 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Dixon 9308
STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 Macon — Length of stay in 1b 40 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Linn
c. CITY OR TOWN Brookfield 0582 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS 212 Macon (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WILLIAM Middle J. Last MALONE
4. DATE OF DEATH Month April Day 4 Year 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 26 1880
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 3 Days 8 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Conductor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Macon Co Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John P. Malone
14. MOTHER'S MAIDEN NAME Sarah Marshall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 707-07-6388
17. INFORMANT Address Mrs Wm Malone Brookfield Mo

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) Coronary occlusion with infarction + myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Cirrhosis of liver (portal) 4201
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 April 1949, to 4-4-57 and last saw her/him alive on 4-9-57
Death occurred at 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John R Dixon (Degree or title) MD
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 4-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-7-57
23c. NAME OF CEMETERY OR CREMATORY Rose Hill
23d. LOCATION (City, town, or county) Brookfield (State) Mo
24. FUNERAL DIRECTOR E. W. Blacklock ADDRESS Brookfield Mo
25. DATE RECD. BY LOCAL REG. 4-6-57
26. REGISTRAR'S SIGNATURE Kathaline Johnson

(Licensed Embalmer's Statement on Reverse Side)

167

APR 26 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. H. Blacklock

Licensed Embalmer No. 224

P. O. Address Brookfiel

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