

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 017913

State File No.

FILED JUN 10 1957

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5753</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Boone Twp.</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>		c. CITY OR TOWN <u>Brinktown, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Boone Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>Washington</u>		c. (Last) <u>Malone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1957.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 21, 1883.</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Malone</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Crum</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Malone</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY <u>494-28-4204</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lois Malone, Brinktown, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis with Infarction Posterior.</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u>				INTERNAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 12, 1957</u> to <u>June 2, 1957</u> , that I last saw the deceased alive on <u>June 2, 1957</u> , and that death occurred at <u>8:20A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. O. Oatis M.D.</u>				23b. ADDRESS <u>Waverly Mo.</u>		23c. DATE SIGNED <u>6/4/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-6-57</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Birmingham Vienna, Mo.</u>			

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

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JUN 12 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 *McBrimmingham*.....
Licensed Embalmer No. *3664*.....
P. O. Address *Anna*.....

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.