

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24705

STATE FILE NUMBER **3440**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3440

FILED AUG 12 1957

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Kansas City</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>510 E 8th</u> Length of stay in lb <u>30 yrs, 13 1/2</u> | | d. STREET ADDRESS (If outside, give location) <u>510 E 8th</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Roy</u> First Middle Last <u>MALOTT</u> | | 4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>57</u> | |
| 5. SEX <u>M</u> <input type="checkbox"/> <input checked="" type="checkbox"/> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>Mar 17 1889</u> |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>add jobs</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Pilot Grove Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13. FATHER'S NAME <u>Charles B Malott</u> | | 14. MOTHER'S MAIDEN NAME <u>Hettie Talley</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>487-26-1573</u> | |
| 17. INFORMANT <u>Mr. N. A. Martens</u> Address <u>2129 43rd St K.C.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cause of death unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Decomposed to Part II</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>7955</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. Month, Day, Year _____ | | | |
| 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, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u> 3 | | 22b. ADDRESS <u>1034 Pratts Bldg</u> | |
| 22c. DATE SIGNED <u>7-22-57</u> | | | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) | | 23b. DATE <u>7-22-57</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>MT CALVARY</u> | | 23d. LOCATION (City, town, or county) (State) <u>K.C. MO</u> | |
| 24. FUNERAL DIRECTOR <u>Sebbeto's</u> ADDRESS <u>K.C. Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-22-57</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | | |

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forest D. Colburn*.....

Licensed Embalmer No. *41*

P. O. Address *KC Mo*

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

