

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45478
STATE FILE NUMBER

FILED DEC 24 1957

Registration District No. 311 Primary Registration District No. 6054 Registrar's No. 36

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>St; Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. CITY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monegaw-Rural</u>		c. CITY OR TOWN <u>Monegaw Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osage Township</u>		d. STREET ADDRESS (If outside, give location) <u>Osage Township</u>	
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Clyde</u> Last <u>Mallicoat</u>		4. DATE OF DEATH <u>Dec; 5, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 12, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Pumper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>	11. BIRTHPLACE (City and state or country) <u>Roscoe Missouri</u>
13a. FATHER'S NAME <u>Jasper Mallicoat</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Keeton</u>	14. NAME OF HUSBAND OR WIFE <u>Christene Mallicoat</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>487-05-9635</u>	17. INFORMANT Address <u>Christene Mallicoat, Denver Col;</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>Drowning Accidental</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Motor Boat capsized</u>			
DUE TO (c) <u>850X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Motor Boat overturned</u>	
20c. TIME OF INJURY Hour <u>8:50 A.M.</u> Month <u>12</u> Day <u>5</u> Year <u>57</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Osage River</u>	
		20f. CITY, TOWN, OR LOCATION <u>Monegaw Springs, St. Clair Mo;</u> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her ^{him} alive on _____ Death occurred at <u>8:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Forrest A. Goodrich Coroner</u>		22b. ADDRESS <u>Osceola Missouri</u>	
		22c. DATE SIGNED <u>12/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roscoe</u>	23d. LOCATION (City, town, or county) (State) <u>Roscoe MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Goodrich 7-HOME OSCEOLA MO</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 19-1957</u>	26. REGISTRAR'S SIGNATURE <u>Oles Atney</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 8 1958

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 *J. B. ...*

Licensed Embalmer No. *3036*

P. O. Address *Asceola W*

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.