

FILED FEB 14 1958

STANDARD CERTIFICATE OF DEATH

State File No. **3283**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **387**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis   |   | c. CITY OR TOWN <b>Riverview Gardens</b>  |  |
| c. LENGTH OF STAY (In this place)   |   | 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 (If not in hospital or institution, give street address or location)<br><b>16 Missouri Baptist Hosp. 27</b>   |   | e. STREET ADDRESS (If rural, give location)<br><b>10061 Lilac Drive.</b>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>JOE</b> b. (Middle) <b>NESBETT</b> c. (Last) <b>MALONE</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 12, 1958</b>   |  |
| 5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>Aug. 9, 1924</b>   |
| 9. AGE (In years last birthday) <b>33</b>   | IF UNDER 1 YEAR Months  | IF UNDER 14 HRS. Days   | IF UNDER 14 HRS. Hours Min.  |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Toolroom Machinist</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sullins Mach.</b>   | 11. BIRTHPLACE (City and State or Foreign Country) /<br><b>LaGrange, Georgia</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                    |
| 13a. FATHER'S NAME<br><b>Ian Malone</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Ella Walker</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Mae Fern Malone</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)<br><b>yes W.W.II</b>   | 16. SOCIAL SECURITY NO.<br><b>253-24-5244</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Mae F. Malone 10061 Lilac Drive</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pancreatitis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>adrenalis insufficiency</b><br>DUE TO (c) <b>mal nutrition</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>587-1</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>3 mos</b>                |
| 19a. DATE OF OPERATION<br><b>1-11-58</b>  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Jejunostomy for feeding</b>  |   | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 <b>March 4, 1953</b> to <b>Jan. 12, 1958</b> , that I last saw the deceased alive on <b>Jan 12, 1958</b> , and that death occurred at <b>1:50 p.m.</b> , from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE<br><b>Dominic J. Verdine</b>   |   | 23b. ADDRESS<br><b>45000 Ave</b>  |  |
| 23c. DATE SIGNED<br><b>1-13-58</b>  |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>1/15/58</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>       |
| DATE REC'D BY LOCAL REG.<br><b>JAN 13 '58</b>   | REGISTRAR'S SIGNATURE<br><b>Cash Smith</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</b>   |  |

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

**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.....  
*W. R. Rusten*

Licensed Embalmer No. 3980

P. O. Address St. Louis

**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.