

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014315  
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1972

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeside Hosp.</b>		Length of stay in lb <b>60 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>6223 E. 14th</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Augusta</b> Last <b>Malia</b>			4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 20, 1880</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator &amp; Doorman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. Star</b>	11. BIRTHPLACE (City and state or country) <b>Great Bend, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>John B. Malia</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Malia</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-05-4232</b>		17. INFORMANT Address <b>George Pack, 4153 College</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					<b>Unknown</b>
DUE TO (c) <b>Paroxysmal Fibrillation</b>					<b>44 1/2"</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility + mild cardiac decompensation</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <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 <b>Nov. 13, 1957</b> to <b>April 15, 1958</b> and last saw <sup>her</sup> <sub>him</sub> <b>live on 4-15-58</b> Death occurred at <b>12 midnight</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Kenneth Adler, D.O.</b>		22b. ADDRESS <b>5811 Truman Rd. KC, Mo</b>		22c. DATE SIGNED <b>4-16-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-18-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
		23d. LOCATION (City, town, or county) <b>Kansas City Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>4-17-58</b>		26. REGISTRAR'S SIGNATURE <b>Irene Minshall</b>
ADDRESS <b>Woodland-Linwood</b>			(Licensed Embalmer's Statement on Reverse Side)		

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.

Kenneth Adler USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

*Dr Kenneth B. Allen*  
*5811 Tamm Row*  
*Dec 3-4404*

*Between*  
*3 PM - 4 PM*

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 *John C. Pedmon* .....  
Licensed Embalmer No. *5025* .....  
P. O. Address *Indep Mo* .....

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.