

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020855
STATE FILE NUMBER

FILED JUN 20 1958 Registration District No. 27 Primary Registration District No. 5097 Registrar's No. 87

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| 1. PLACE OF DEATH a. COUNTY <i>Bates</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Shawnee</i> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <i>Butler</i> <i>0070</i> 0 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>P.F.D. 2</i> | | Length of stay in lb <i>50 yrs.</i> | d. STREET ADDRESS (If outside, give location) <i>R. 7.D. 2</i> |
| 3. NAME OF DECEASED (Type or print) First <i>Melvin</i> Middle <i>L.</i> Last <i>Malan</i> | | 4. DATE OF DEATH Month <i>June</i> Day <i>13</i> Year <i>1958</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>3-9-1876</i> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 9b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | 9c. AGE (In years last birthday) <i>82</i> IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | 10c. BIRTHPLACE (City and state or country) <i>Highland, Illinois</i> |
| 11. BIRTHPLACE (City and state or country) <i>Highland, Illinois</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i> | |
| 13a. FATHER'S NAME <i>Levi Malan</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary Tremblay</i> | 14. NAME OF HUSBAND OR WIFE <i>Cecilia Malan</i> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>NONE</i> | 17. INFORMANT <i>Cecil C. Malan</i> Address <i>R. 7.D. 2 Butler Mo</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Paralysis Agitans</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>General Senility</i> DUE TO (c) <i>Hyper trophic prostate</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>5 yrs</i> <i>5 yrs</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>350X</i> | | | 19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>Passed years</i> to <i>June 14, 1958</i> and last saw <i>him</i> alive on <i>June 12, 1958</i> Death occurred at <i>5:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Dexter W. Luter</i> | | 22b. ADDRESS <i>Butler Mo</i> | 22c. DATE SIGNED <i>6/14/58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>6-16-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oakhill Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>Butler Mo.</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>Underwood Butler Mo.</i> | | 25. DATE RECD. BY LOCAL REG. <i>June 16-1958</i> | 26. REGISTRAR'S SIGNATURE <i>Kendall Kuring</i> |

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Robert E. Steinfeld*

Licensed Embalmer No. *4657*

P. O. Address *Butler, Pa.*

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.