Health, & Welfare Public Service
493
300 1
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-026007
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 141

**1. PLACE OF DEATH**
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 116 W. 3rd — Length of stay in 1b: 2 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Sarcoxie — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS Rt. #1 (If outside, give location) — Reside on Farm: Yes [X] No [ ]

**3. NAME OF DECEASED** (Type or print): First William Middle Andrew Last Malone

**4. DATE OF DEATH** Month July Day 25 Year 1958

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH** Dec. 21, 1906 **9. AGE** (In years last birthday) 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) dairy farmer **10b. KIND OF BUSINESS OR INDUSTRY** farm

**11. BIRTHPLACE** (City and state or country) Smith Center, Kansas **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** John Malone **13b. MOTHER'S MAIDEN NAME** Flora Weems **14. NAME OF HUSBAND OR WIFE** LoRee Atteberry Malone

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** 524-14-0582

**17. INFORMANT** LoRee Malone, Address Rt. #1-Sarcoxie, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
**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 [ ] NOT WHILE AT WORK [ ]
**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 xxxon 7-25-58, to 7-25-58 and last saw ~~her~~ him alive on 7-25-58
Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Richard R. Cobb (Degree or title) M. D.
**22b. ADDRESS** Carthage, Mo.
**22c. DATE SIGNED** 7-25-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **23b. DATE** 7-29-58 **23c. NAME OF CEMETERY OR CREMATORY** Harvey Cemetery **23d. LOCATION** (City, town, or county) (State) Jasper County, Mo

**24. FUNERAL DIRECTOR** Knell Mortuary, **ADDRESS** Carthage, Mo.
**25. DATE RECD. BY LOCAL REG.** 7-26-58
**26. REGISTRAR'S SIGNATURE** Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

AUG 13 1958

AUG 19 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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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.