

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036133

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 128

Primary Registration District No.

Registrar's No. 1026

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural 2nd N. Campbell</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rural 2nd N. Campbell</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Rt. 6</b>		Length of stay in lb <b>40 Yrs.</b>	d. STREET (If outside, give location) ADDRESS <b>Springfield Rt. 6</b>
3. NAME OF DECEASED (Type or print) <b>JOHANNA</b>		First Middle Last <b>MALENOWSKY</b>	4. DATE OF DEATH Month Day Year <b>Oct. 25, 1958</b>
5. SEX <b>Female</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>4 Feb. 1882</b>
9a. AGE (In years) <b>76</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>(unknown) Kollmann</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Otto Malenowsky</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Mrs. Lois Butler Springfield, Mo.</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>RHEUMATIC HEART DISEASE IN ADVANCE WITH AORTIC STENOSIS, MITRAL INSUFFICIENCY AND CORONARY INSUFFICIENCY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>MANY YEARS.</b>
DUE TO (b) <b>AND CORONARY INSUFFICIENCY</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1. MILD - DEPRESSIVE PSYCHOSIS</b> <b>2. ARTERIO-SCLEROSIS GENERAL</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.) <b>410X</b>	
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 type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>(cont)</b>	COUNTY STATE
21. I attended the deceased from <b>9-17-45</b> to <b>10-25-58</b> and last saw her alive on <b>9-11-58</b> Death occurred at <b>9:00</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Lois Butler</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Springfield, Missouri</b>
22c. DATE SIGNED <b>10-28-58</b>		
23a. BURIAL, CREMATION, EMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10-28-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>
23d. LOCATION (City, town, or county) <b>SPRINGFIELD Mo.</b>		(State)
24. FUNERAL DIRECTOR <b>Junkingner &amp; Co.</b>	ADDRESS <b>Spgrd. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-29-58</b>
26. REGISTRAR'S SIGNATURE <b>Effie L. Melton</b>		

(Licensed Embolmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Catherine Flingier*

Licensed Embalmer No. *3719*  
P. O. Address .....

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.