

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043739

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Owensville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Owensville		Length of stay in 1b	d. STREET ADDRESS Rural Route
3. NAME OF DECEASED (Type or print) First Middle Last James Lee Malan			4. DATE OF DEATH Month Day Year Dec. 9, 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1905
9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Shoe Worker	11. BIRTHPLACE (City and state or country) Chamois, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel Malan		13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Louisa Lloyd Malan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-18-3344	17. INFORMANT Address Mrs. Louisa Malan Owensville, Mo
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>Acute Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <i>4201</i>			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>12-9-58</i> to <i>12-9-58</i> and last saw her alive on <i>12-9-58</i> Death occurred at <i>11:30 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Daniel Malan, M.D.</i>		22b. ADDRESS <i>Owensville, Mo.</i>	22c. DATE SIGNED <i>12-11-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-12-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	23d. LOCATION (City, town, or county) (State) Near Bland, Mo.
24. FUNERAL DIRECTOR <i>Michael H. Winter</i>		ADDRESS <i>OWENSVILLE</i>	25. DATE RECD. BY LOCAL REG. <i>Dec, 12, 1958</i>
		26. REGISTRAR'S SIGNATURE <i>Mrs. Marjorie Tappemeier</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 18 1959

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Michael A. N. [Signature]

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.