

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016833

STATE FILE NUMBER 605

FILED JUN 15 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED Raymond Sunnyslope		d. STREET ADDRESS 302 1/2 Illinois Ave.	
HOSPITAL OR INSTITUTION Nursing Home		(If outside, give location)	
Length of stay in lb 17 years		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RAYMOND MALLORY		4. DATE OF DEATH Month June Day 7 Year 1959	
First Middle Last		Month Day Year	
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 June 10, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General workman		10b. KIND OF BUSINESS OR INDUSTRY M. F. A. Industry	11. BIRTHPLACE (City and state or country) Gentry County, Mo.
13a. FATHER'S NAME James Mallory		13b. MOTHER'S MAIDEN NAME Minerva Osborn	14. NAME OF HUSBAND OR WIFE Mrs. Mable Mallory
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. 491-24-5400	17. INFORMANT Mrs. Mable Mallory Address 302 1/2 Ill. Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH Ukn.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Primary Intestinal carcinoma			Ukn.
DUE TO (c) _____			
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 <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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 6/7/59 to 6/7/59 and last saw ^{xxx} him alive on 6/6/59		Death occurred at 2 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Collis Rounley m (Degree or title)		22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.	22c. DATE SIGNED 6/8/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS 120 Illinois Ave.		25. DATE RECD. BY LOCAL REG. June 11, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J.T. COLLIS ROUNLEY

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 *Paul F. Clark*

Licensed Embalmer No. *5024*

P. O. Address *St. Joseph, 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.