

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025746

FILED VS JUL 21 1959

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holden</b>		c. CITY OR TOWN <b>Holden</b>	
Length of stay in lb <b>Lifetime</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>409 So Pine St.</b>		d. STREET ADDRESS (If outside, give location) <b>409 So. Pine</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Gilbert</b> Middle <b>Riley</b> Last <b>Maloney</b>			4. DATE OF DEATH Month <b>July</b> Day <b>17</b> , Year <b>1959</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 27, 1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	---	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Elm, Johnson Co, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>
--	---	---	--

13a. FATHER'S NAME <b>Gideon Maloney</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Hopper</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Maloney, deceased</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>	16. SOCIAL SECURITY NO. <b>489-30-3757</b>	17. INFORMANT <b>Kenneth City, Mo. Harvey L. Maloney, 423 E. 79 Ter.</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>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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. Month, Day, Year _____
---

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 July 9, 1958 to July 15, 1959 and last saw him alive on 7-15-59  
Death occurred at 3:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Kelly Rawlins M.D.</b>	22b. ADDRESS <b>Holden, Mo.</b>	22c. DATE SIGNED <b>7-18-59</b>
---	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-19-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elm Spring Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Elm, Johnson Co, Mo.</b>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <b>E B CAST HOLDEN MO.</b>	ADDRESS <b>Elm</b>	25. DATE RECD. BY LOCAL REG. <b>7-18-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs G D Radford</b>
--	-----------------------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed EB Cast

Licensed Embalmer No. 4059

P. O. Address Holden, W

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.