

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 0 9

FILED VS DEC 30 1959

Registration District No. 120 Primary Registration District No. — Registrar's No. 195

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Route #1		Length of stay in lb 20 yrs.		c. CITY OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #1, Lebanon			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Albert Middle Leroy Last Malone, Sr.				4. DATE OF DEATH Month Dec. Day 21 Year 1959					
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 11-4-1937	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Laclede Co.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME David R. Malone			13b. MOTHER'S MAIDEN NAME Cora McNelly			14. NAME OF HUSBAND OR WIFE Mabel Malone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 486-24-1659		17. INFORMANT Ross Malone, Lebanon, Mo.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Heart disease 2 yrs DUE TO (c) decompensated							INTERVAL BETWEEN ONSET AND DEATH 2 wks		
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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 1937 to 8 Dec 59 and last saw her/him alive on Oct 5, 1959 Death occurred at 21 Dec 1959 1 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Paula Jenkins MD.					22b. ADDRESS Knight Bldg., Lebanon, Mo.			22c. DATE SIGNED 23 Dec 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-23-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park		23d. LOCATION (City, town, or county) Lebanon, Mo.		(State)		
24. FUNERAL DIRECTOR J. J. Shadd				ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 12-23-1959		26. REGISTRAR'S SIGNATURE Hella L. Gray	

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 Walter C. Jumps

Licensed Embalmer No. 5071

P. O. Address Hartsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.