JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 2 1960

60-010520

STATE FILE NUMBER

NDED

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 21

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany — Length of stay in 1b: lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 403 W. Canaday — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN Albany — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 403 W. Canaday — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Theodore Middle: (none) Last: Malson

4. DATE OF DEATH Month Day Year: March 14, 1960

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/2/04
9. AGE (last birthday): 55 — IF UNDER 1 YEAR / IF UNDER 24 HR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): gas station attendant
10b. KIND OF BUSINESS OR INDUSTRY: Filling station
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James V. Malson
13b. MOTHER'S MAIDEN NAME: Almeda Fletcher
14. NAME OF HUSBAND OR WIFE: Mary Osborn Malson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Theodore Malson — Address: Albany, 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) Endo-mural Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusions — 2 yrs & 6 mos.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Albany COUNTY Gentry STATE Mo.

21. I attended the deceased from 20 yrs. to and last saw ~~her~~ him alive on 3-13-60
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank H. Rose (Degree or title) M.D
22b. ADDRESS Albany, Mo.
22c. DATE SIGNED 3-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Mar. 16, 1960
23c. NAME OF CEMETERY OR CREMATORY: Grandview
23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR ADDRESS: Brooks-Cochell Funeral Home, Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 3-16-60
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1960

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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