

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020079

FILED VS MAY 16 1960

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MARIES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MARIES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON</u>		Length of stay in 1b <u>32 YRS.</u>	c. CITY OR TOWN <u>NEAR BELLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME SOUTH OF BELLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>FARM SOUTH OF BELLE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LUCY CAROLINE MALLOW</u>			4. DATE OF DEATH Month Day Year <u>5 / 11 / 60</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 31, 1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>MARIES COUNTY</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDY J DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>LIZETT J DANIELS</u>	14. NAME OF HUSBAND OR WIFE <u>O. A. MALLOW</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MR. O. A. MALLOW</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypotatic pneumonia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 months.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chromotaxis-intra-abdominal</u>	
	DUE TO (c) <u>Pneumonia - Gall bladder carcinoma</u>	
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 <u>12-9-59</u> to <u>5-11-60</u> and last saw her <u>2-17-60</u> Death occurred at <u>5-11-60</u> <u>8:30 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>John W McManis MD</u> (Degree or title)	22b. ADDRESS <u>Jefferson City, Mo</u>	22c. DATE SIGNED <u>5/11/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/14/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>
23d. LOCATION (City, town, or county) <u>NEAR BELLE MO.</u>		(State)

24. FUNERAL DIRECTOR <u>Richard James Bell MO.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-13-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mozelle Hutcheson</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Mrs. L. J. Jones*

Licensed Embalmer No. 444

P. O. Address Belle

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