

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS DEC 27 1960

**-60-045277**  
 STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 661

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>111 No. D Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>535 Short A Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>SAMMIE</u> Middle <u>CHARLES</u> Last <u>MALLOY</u>			4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1960</u>		
5. SEX <u>Male</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>12-3-1932</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -</u>	11. BIRTHPLACE (City and state or country) <u>Manilla, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Haywood Malloy</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Wayne</u>		14. NAME OF HUSBAND OR WIFE <u>Donna Rose Malloy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean Campaign</u>		16. SOCIAL SECURITY NO. <u>499-38-9189</u>		17. INFORMANT Address <u>Mrs. Ruby Fleming Poplar Bluff, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Internal Hemorrhage from</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Heart and Lung</u>	
DUE TO (b)	<u>gun shot wound</u>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>shot in chest with a 275 revolver</u>	
20c. TIME OF INJURY Hour <u>808</u> p.m. Month, Day, Year <u>12-3-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff</u>	COUNTY <u>Butler</u> STATE <u>Mo</u>

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Greer W. Fitch Owner</u>		22b. ADDRESS <u>Poplar Bluff Mo</u>		22c. DATE SIGNED <u>12-6-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-6-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>	
24. FUNERAL DIRECTOR <u>Greer Croy &amp; Fitch Poplar Bluff, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12/2/60</u>	26. REGISTRAR'S SIGNATURE <u>R. M. Muehle</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

DEC 27 1960

JAN 17 1961

MAR 8 1961

MAR 12 1961

**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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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