

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007618

FILED VS MAR 13 1961

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 155

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>4 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Med. Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Clark - (RAI) Sturgeon (Telephone)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R. T. D. # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>STUART ANTHONY MALLORY</u> Last <u>"Baby Boy"</u> 4. DATE OF DEATH <u>March 5 1961</u> Month <u>March</u> Day <u>5</u> Year <u>1961</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>3-2-61</u> 9. AGE (last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> Hours <u>30</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minor</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> 11. BIRTHPLACE (City and state or country) <u>Moberly, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles R. Mallory</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>		13b. MOTHER'S MAIDEN NAME <u>DORA ESS</u> 16. SOCIAL SECURITY NO. <u>NONE</u> 17. INFORMANT <u>Chart</u> Address <u>Medreal center - Columbia, Mo.</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>CARDIAC ARREST</u> DUE TO (b) <u>ERYTHROBLASTOSIS FETALIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 checked="" 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>4 MAR 61</u> to <u>5 MAR 61</u> and last saw him alive on <u>5 MAR 61</u> Death occurred at <u>1:35</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George Baker MD</u> (Degree or title)		22b. ADDRESS <u>COLUMBIA MISSOURI</u>	
22c. DATE SIGNED <u>5 MAR 61</u>		23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial Mar-6-1961</u>	
23b. DATE _____		23c. NAME OF CEMETERY OR CREMATORY <u>Rockland Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Moberly Mo.</u>		23e. STATE _____	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>Mar 6 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		_____	

STATEMENT BY LICENSED EMBALMER

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

Student _____

Signature of Student Embalmer

Not Embalmed

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherby MO

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.