

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018281

STATE FILE NUMBER

AMENDED

Registration District No. 289 Primary Registration District No. 3043 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		Length of stay in 1b	c. CITY OR TOWN <u>Kinderhook</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shady Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Mallhizer</u> Last			4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1961</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/4/1864</u>	9. AGE (last birthday) <u>96</u>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barry Twp</u>	11. BIRTHPLACE (City and state or country) <u>U.S</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
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13a. FATHER'S NAME <u>John Mallhizer</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Manker</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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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. <u>no</u>		17. INFORMANT <u>David C. Mallhizer</u> Address	
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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>Probable Cerebral art. occlusions</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
DUE TO (b) <u>Gen. arteriosclerosis</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) <u>Arteriosclerotic heart dis. Neoplasm h. orbit.</u>			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 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.)	
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20c. TIME OF INJURY Hour <u>9.25</u> a.m. p.m.	Month, Day, Year <u>5-24-61</u>	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 <u>Kinderhook Ill</u>	COUNTY	STATE
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21. I attended the deceased from <u>5-24-61</u> to <u>5-28-61</u> and last saw her/him alive on <u>5-24-61</u> Death occurred at <u>9.25</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles A. High MD</u>		22b. ADDRESS <u>115 N 5th</u>	22c. DATE SIGNED <u>5-29-61</u>

23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 31, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kinderhook</u>	23d. LOCATION (City, town, or county) <u>Kinderhook Ill</u>	(State)
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24. FUNERAL DIRECTOR <u>Charles A. High</u>	ADDRESS <u>Barry, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>6/1/61</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucas by Lillian M. Herman</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,  
or by Thos. N. Poole, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thos. N. Poole

Licensed Embalmer No. 6982

P. O. Address Barry, Ar.

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.