

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027533

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 386
FILED AUG 8 1962

VS 300
Rev. 4/59

20499
20499

3
4 0
5 1
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7 0
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9199.2
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11
124-0
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 50 years	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 430 St. Charles
3. NAME OF DECEASED (Type or print) First Frank Middle Enis Last Malone		4. DATE OF DEATH Month July Day 25 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-18-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator retired		10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co.	11. BIRTHPLACE (City and state or country) Mountain Grove, Mo.
13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Alma Kirk Malone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk	17. INFORMANT Address (wife) Mrs. Alma Malone 430 St. Charles
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Tracheal and bronchial obstruction			
DUE TO (c) Carcinoma of the larynx and bronchogenic Carcinoma			
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 6-1-62 to 7-25-62 and last saw ^{her} him alive on 7-25-62		Death occurred at 6:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 2529 Jackson, Joplin, Mo.	22c. DATE SIGNED 7/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY		ADDRESS Joplin, Mo.	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
25. DATE RECD. BY LOCAL REG. 7-30-1962		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

AUG 14 1962

JAN 11 1963

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

Signed Robert R. Byerly

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.