

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029954

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 60

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Barton</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b> Length of stay in 1b <b>2 weeks</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jasper</b> c. CITY OR TOWN <b>Joplin</b> Inside Limits Yes <input checked="" 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"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gilbreath N. Home</b> Inside Limits Yes <input checked="" 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"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>James</b> Middle <b>W.</b> Last <b>Mallonee</b>			<b>4. DATE OF DEATH</b> Month <b>August</b> Day <b>21</b> Year <b>1962</b>				
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 5-16-1872	<b>9. AGE</b> (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Masonry work		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) Plew, Missouri		<b>12. CITIZEN OF WHAT COUNTRY</b> USA	
<b>13a. FATHER'S NAME</b> Abe Mallonee			<b>13b. MOTHER'S MAIDEN NAME</b> unknown		<b>14. NAME OF HUSBAND OR WIFE</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no			<b>16. SOCIAL SECURITY NO.</b> none		<b>17. INFORMANT</b> Mrs. Irving Ricke 701 W. Daugherty Webb City, Mo.		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-Vascular Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis - Debility of Old Age</b>	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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>8-17-62</u> to <u>8-21-62</u> and last saw him alive on <u>8-17-62</u> Death occurred at <u>8:00A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22a. SIGNATURE</b> (Degree or title) Thomas W. Canall MD		<b>22b. ADDRESS</b> 1204 Gulf Street Lamar Mo.		<b>22c. DATE SIGNED</b> 8-23-62	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial		<b>23b. DATE</b> Aug. 27, 62		<b>23c. NAME OF CEMETERY OR CREMATORY</b> Nashville Cemetery	
<b>23d. LOCATION</b> (City, town, or county) (State) Nashville, Missouri					

<b>24. FUNERAL DIRECTOR</b> ADDRESS Johnston-Simpson, Webb City, Mo.		<b>25. DATE RECD. BY LOCAL REG.</b> Aug. 23, 1962		<b>26. REGISTRAR'S SIGNATURE</b> Marie Kerantz	
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USE BLACK INK OR TYPEWRITER RIBBON  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

DATE AMENDED  
 10061  
 20499  
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 4 0  
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 7 0  
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 9 331X  
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 11  
 12 86-0  
 13 2-0

**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 Jack C. Simpson  
Licensed Embalmer No. 4647

P. O. Address Webb City, 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.