

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26754

BIRTH NO. 48845-49 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	c. LENGTH OF STAY (In this place) 2 hrs 45 min	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) C.	c. (Last) Malin	4. DATE OF DEATH (Month) (Day) (Year) August 20 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH August 20, 1949
9. AGE (In years last birthday) 6 Mo	# UNDER 1 YEAR 2 Mo	# UNDER 2 WKS 2 Mo	# UNDER 2 MTH. 2 Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Windsor, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Fred Malin, Jr.	13b. MOTHER'S MAIDEN NAME Lanore Miller	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred Malin, Jr., Windsor, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth 6 Mo.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **Aug 20, 1949**, and that death occurred at **3:00a** m., from the causes and on the date stated above.

23a. SIGNATURE Leo Windsor (Degree or title)	23b. ADDRESS PO 2 Windsor Mo	23c. DATE SIGNED Aug 20 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-20-49	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak
24d. LOCATION (City, town, or county) (State) Windsor, Missouri		

DATE REC'D BY LOCAL REG. Aug 20-49	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE Huston-Turner, Windsor, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 7-49-1819

Date Filed 8-29-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Md.

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 this body is not embalmed, fact should be so stated above.