

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5628

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Neosho, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route 4, Neosho</u>	
c. LENGTH OF STAY (in this place) <u>11</u> hours		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ethel</u>	b. (Middle) <u>Irene</u>	c. (Last) <u>Malone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>Aug. 12, 1948</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u>
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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) <u>Picher, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Newlin H. Malone</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy May Guest</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Newlin H. Malone, R. 4, Neosho, Mo.</u>	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 <u>22 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intussusception at junction of ileum and cecum</u>		
	ANTECEDENT CAUSES <u>None</u> DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>57011</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2-18-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intussusception of the ileum into the cecum</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-17-49, 19 , to 2-18-49, 19 ; that I last saw the deceased alive on 2-18-49, 19 , and that death occurred at 10:15 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Malone M D</u> (Degree or title) <u>()</u>	23b. ADDRESS <u>Neosho, Missouri</u>	23c. DATE SIGNED <u>2-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purcell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purcell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 18, 1949</u>	REGISTRAR'S SIGNATURE <u>Wesley C. Bowman</u>	223	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. C. Houchens</u>	ADDRESS <u>Picher, Okla.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. *New York Co Health*
District File Number *219-57*
Date Filed *2-27-09*

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.