

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37396**

**4960**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		75 2 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MISS THERESA</u>		b. (Middle) _____		c. (Last) <u>MALONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar 3 1877</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>		IF UNDER 12 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bookkeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Minnesota</u>	
13a. FATHER'S NAME <u>Edward Malone</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Flynn</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sr. Emilie 5331 Highland</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Froncho Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Chronic Myocarditis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterio-sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 Hours</u>  <u>5 years</u>  <u>12 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____  <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Nov 3</u> , 19 <u>49</u> , to <u>Nov 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 21</u> , 1949, and that death occurred at <u>8:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1402 Bryant Rd</u>		23c. DATE SIGNED <u>11/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison-Kansas</u>	
DATE REC'D BY LOCAL REG <u>11-22-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duirk and Robin Co.</u>		ADDRESS <u>20 W Linwood</u>	

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

**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 \_\_\_\_\_

Student Embalmer

Signed

*Forrest D. Coldsnow*

Licensed Embalmer No. *4714*

P. O. Address *K. C. 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 this body is not embalmed, fact should be so stated above.**