No. 300
10.48

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 709

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 2

350

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLLYWOOD
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLLYWOOD MO 350
d. STREET ADDRESS (If rural, give location): 4

3. NAME OF DECEASED (Type or Print)
a. (First): SHIRLEY
b. (Middle): DIAN
c. (Last): MALONE

4. DATE OF DEATH (Month) (Day) (Year): JAN 6 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JULY 28 1947
9. AGE (In years last birthday): 2 — If under 1 year: Months 5 Days 9 — If under 24 hrs.: Hours ___ Min. ___
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): DUNKLIN Co MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J. J. MALONE
13b. MOTHER'S MAIDEN NAME: ELIZABETH JOHNSON
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: J. J. Malone, ARBYRD, MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 5 yr

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 15, 1949, *to* Sept 20, 1949, *that I last saw the deceased alive on* Sept 20, 1949, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Martin (Degree or title): MD
23b. ADDRESS: Dexter Missouri
23c. DATE SIGNED: 1-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-6-50
24c. NAME OF CEMETERY OR CREMATORY: Fu Fu
24d. LOCATION (City, town, or county) (State): DUNKLIN Co. MO

DATE REC'D BY LOCAL REG.: 1-20-1950
REGISTRAR'S SIGNATURE: Mrs J. H. Lanier
25. FUNERAL DIRECTOR'S SIGNATURE: Howard Funeral Service Inc
ADDRESS: Cardwell MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 1-30-50
County File No. 150-38

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 Unembalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.