

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7936

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 20

0161
4

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diehlstadt</u> | |
| c. LENGTH OF STAY (in this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) <u>none</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mouser Nursing Home</u> | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Vanburen</u> c. (Last) <u>Malone</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 11th, 1950</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Feb 10, 1875</u> | | 9. AGE (In years last birthday) <u>75</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 11. IF UNDER 24 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>Henry County, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>James Nathan Malone</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dona Cummins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Elba Malone, Diehlstadt, Missouri</u> | |

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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, athermia, 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) <u>Carcinoma Liver</u> | | | | | |
| | | 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>156A</u> | |

| | | | | | | |
|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 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) | | |

| | | | | | | |
|---|--|--|--|----------------------------|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 <u>2:11-2:00 PM, 1950</u> , to <u>2:15 PM, 1950</u> , that I last saw the deceased alive on <u>Mar 11, 1950</u> and that death occurred at <u>9:15P m.</u> from the causes and on the date stated above. | | | | | | |

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|--|--|------------------------------------|--|---|--|--|
| 23a. SIGNATURE (Degree or title) <u>D. G. Sullivan</u> M.D. | | 23b. ADDRESS <u>Jackson, Mo</u> | | 23c. DATE SIGNED <u>3/13/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/13/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maynard Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Diehlstadt, Missouri</u> |

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|--|--|---|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Mar 14-50</u> | | REGISTRAR'S SIGNATURE <u>D. G. Sullivan</u> 43 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THE NUNNLEE FUNERAL CHAPEL, Charleston Mo</u> | | |
|--|--|---|--|--|--|--|

MAR 28 1950

RECEIVED

MAR 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-423

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 John F. Rummel

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.