

FILED SEP 26 1950

STANDARD CERTIFICATE OF DEATH

31469

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u> Registrar's No. <u>305</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>208 MIDDLE</u>		
3. NAME OF DECEASED a. (First) <u>ALICE</u> b. (Middle) <u>ARDELIA</u> c. (Last) <u>MALONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 12, 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 22, 1883</u>	9. AGE (In years last birthday) <u>67</u>	If UNDER 1 YEAR Months <u>4</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>EDWARD W. McMULLIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET C. MOON</u>		14. NAME OF HUSBAND OR WIFE <u>HERBERT R. MALONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>48-031980</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERBERT R. MALONE BONNE TERRE Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u>			<u>2 years</u>		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331x</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) (Minute)		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>Sept. 10, 1950</u> , to <u>Sept. 12, 1950</u> , that I last saw the deceased alive on <u>Sept. 12, 1950</u> , and that death occurred at <u>6:45 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u>			23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>9-13-50.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEMO PR</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bertram G. Co. Bonne Terre, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

941

File No.

DISTRICT HEALTH OFFICE NO. 4

SEP 16 1950

RECEIVED

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clarence J. Graywell*

Licensed Embalmer No. *37006*

P. O. Address *Bonnet Street 7*

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.