

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34247**

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3886 Registrar's No. 101

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 township) OR TOWN <u>R#4 Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R#4 Neosho</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home R#4</u>		d. STREET ADDRESS (If rural, give location) <u>R#4 Neosho.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS</u> b. (Middle) <u>EARL</u> c. (Last) <u>MALONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>APRIL 23 1950</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during mgs of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>De la Plain ARKANSAS.</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
13a. FATHER'S NAME <u>Newlin Malone</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy M. Guest</u>	
14. NAME OF HUSBAND OR WIFE <u>Child.</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 <u>Newlin Malone</u>		ADDRESS <u>Neosho, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Dehydration & malnutrition</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>			
19. DATE 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) (Min.)	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. 18, 1950</u> , to <u>Sept 18, 1950</u> , that I last saw the deceased alive on <u>Sept 15, 1950</u> and that death occurred at <u>10:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>John B. Roberts</u>		23b. ADDRESS <u>Seneca Mo.</u>	
23c. DATE SIGNED <u>9/26/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 20 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purcell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Purcell MO.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bonman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM MORTUARY</u>	ADDRESS <u>Neosho, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

730
1

16
RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 1050-226
Date Filed 10/19/50

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 H. Ly - White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.