S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1952

State File No. 4143

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 59

0120
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff Twp. R#2 Lonehill
c. LENGTH OF STAY (in this place): 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R#2 Lonehill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. Poplar Bluff
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#2 Lonehill 0120
d. STREET ADDRESS (If rural, give location): R#2 Lonehill

3. NAME OF DECEASED (Type or Print): a. (First) Isiac b. (Middle) Oliver Perry Martin c. (Last) Malone

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 9
8. DATE OF BIRTH: Aug. 5, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ind. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Eligah Malone
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Minnie Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Minnie Malone — ADDRESS: Rt. 1 Poplar Bluff, Mo

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): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardio-vascular-renal
DUE TO (c): Old age -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442X
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* 1-19, 1952, *to* 1-30, 1952, *that I last saw the deceased alive on* 1-30, 1952, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. F. Priest D.O.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-8-52
24c. NAME OF CEMETERY OR CREMATORY: Kensey Cemt.
24d. LOCATION (City, town, or county) (State): Butler Co. Mo.

DATE REC'D BY LOCAL REG.: Feb 11 1952
REGISTRAR'S SIGNATURE: Wm. H. Johnson 427-9
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Black's Mortuary Corning, Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 19 1952
BUTLER CO. HEALTH CENTER
FILE No. 252-90

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 Roman J. Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, 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.