

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19401

State File No.

FILED JUN 16 1952

BIRTH NO. ... REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 153

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) R.F.D. #	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 3			
3. NAME OF DECEASED (Type or Print) a. (First) Otis b. (Middle) Lamont c. (Last) Malone			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1910
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR (Months) 3	IF UNDER 12 HRS. (Days) (Hours) (Min.) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agriculture		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Clark, Missouri
12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME James Malone		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hallie Roberts Malone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 9/28742608/43 492-12-5824	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallie Roberts Malone, Columbia, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart trouble coronary not known		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: No not known		DUE TO (b) No not known	
DUE TO (c) Discharged from Army, on acct.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. None that I know.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Operation. 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	21f. HOW DID INJURY OCCUR? None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from June 6-9, 1952 , to June 9, 1952 , that I last saw the deceased alive on June 9, 1952 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS E. Tolson, Columbia, Mo.	23c. DATE SIGNED 6-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
DATE REC'D BY LOCAL REG. June 10, 1952	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Columbia	

JUN 16 1952

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, ~~only~~

..... Student Embalmer No.

working under my personal supervision!

Student'

Student' Embalmer'

Signed

Lynnan Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia

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.