

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32527

State File No.

SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) St. James - Rural		c. CITY (If outside corporate limits, write RURAL and give township) St. James - Rural	
c. LENGTH OF STAY (in this place) 79 yrs		d. STREET ADDRESS 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) F. c. (Last) Malone			4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 1 - 1873	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) Phelps Co. U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Phelps Co. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Cage Malone	13b. MOTHER'S MAIDEN NAME Mary Shoemate	14. NAME OF HUSBAND OR WIFE Amanda Malone
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Raymond Malone	ADDRESS St. James, Mo.
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I. CAUSE OF DEATH (Specify) (a) (b) (c)		MEDICAL CERTIFICATION	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension about 2 years	
DUE TO (c) Nephritis (NBPHRITIS)		about 3 years	
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 593 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 3, 1952, to August 12/1952, that I last saw the deceased alive on August 8, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. V. Hammer, M.D.	(Degree or title)	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 8-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Asher's Cemetery	24d. LOCATION (City, town, or county) (State) Phelps Co. - Mo
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DATE REC'D BY LOCAL REG. Aug 30, 1952	REGISTRAR'S SIGNATURE Mrs. Wayne S. Roberts	25. FUNERAL DIRECTOR'S SIGNATURE Orval E. Licklider - St. James, Mo.	ADDRESS
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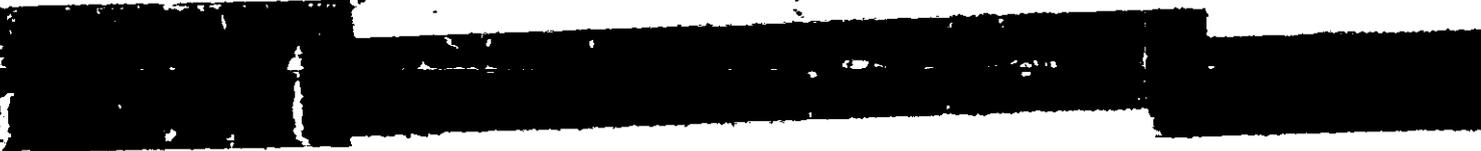
(Licensed Embalmer's Statement on Reverse Side)

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

Philips County Health Officer,

County File Number _____

Date Filed 8-24-52



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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Orrel E. Lickleiter

Licensed Embalmer No. 8546

P. O. Address St James 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.