

No. 300
10-28

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2528

BIRTH NO. 4 REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 3053 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla 0812	
c. LENGTH OF STAY (in this place) 1 Month		d. STREET ADDRESS (If rural, give location) 407 East 12th, St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print) CHARLES MONROE MALONE			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1953		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 21, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Mo. School of Mines	11. BIRTHPLACE (City and State or Foreign Country) Phelps County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Malone	13b. MOTHER'S MAIDEN NAME Terrecia Adams	14. NAME OF HUSBAND OR WIFE Effie Malone
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) xx 499-30-6184	17. INFORMANT'S SIGNATURE OR NAME James W. Bailey, 407 E. 12th Rolla Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis - pleural effusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fusion DUE TO (c) arteriosclerosis 002X		
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	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 past year, 19, that I last saw the deceased alive on 1-19, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind M.D.	(Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 1-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	24d. LOCATION (City, town, or county) (State) Near, Rolla Mo.
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DATE REC'D BY LOCAL REG. Jan. 29, 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null & Sons Funeral Home, Rolla Mo., By: S. G. [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number

Date Filed

2-3-53

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 S. L. M. [Signature]

Licensed Embalmer No. 3397

P. O. Address Rubber [Signature]

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.