

FILED JUL 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH448 State File No. 96
6115 Registrar's No.

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3		6115		Registrar's No. 96			
1. PLACE OF DEATH a. COUNTY Scott					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott						
b. CITY (If outside corporate limits, write RURAL and give township) Vanduser			c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Vanduser			d. STREET ADDRESS (If rural, give location) 1200			
d. FULL NAME OF HOSPITAL OR INSTITUTION -----					d. STREET ADDRESS (If rural, give location) -----						
3. NAME OF DECEASED (Type or Print)		a. (First) Hub		b. (Middle) -----		c. (Last) Malone		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1953			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 20, 1884		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 68			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming			11. BIRTHPLACE (City and State or Foreign Country) Benton, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Letha Malone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. X X		17. INFORMANT'S SIGNATURE OR NAME Letha Malone Vanduser, Mo.				ADDRESS Mo.		
18. CAUSE OF DEATH PER line for (a), (b), and (c) Enter only one cause *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Cecum					INTERVAL BETWEEN ONSET AND DEATH 3 years	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					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 153X						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)		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 May 12, 1953 , to May 12, 1953 , that I last saw the deceased alive on May 12, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Sharon B. McClure MD					23b. ADDRESS Biberton, Mo.			23c. DATE SIGNED 6/15/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 12, 1953		24c. NAME OF CEMETERY OR CREMATORY Morley cem.			24d. LOCATION (City, town, or county) (State) Morley, Mo.				
DATE REC'D BY LOCAL REG. 6-23-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429			25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 20 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 658-145

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

Walter Marsh Watkins

Licensed Embalmer No. _____

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P. O. Address _____

Dealey, 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.