

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4960**

FILED MAR 15 1954

774

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 51 yrs. | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1618 Montgall | | e. STREET ADDRESS (If rural, give location) 1618 Montgall | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) Mary Frances Malone | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1954 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|-------------------------|------------------------------------|--|---|--|---------------------------|-------------------------|---------------------------|------|
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 4, 1902 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. |
|-------------------------|------------------------------------|--|---|--|---------------------------|-------------------------|---------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Colorado Springs, Ark. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Gray | 13b. MOTHER'S MAIDEN NAME Henrietta Harrell | 14. NAME OF HUSBAND OR WIFE Sidney Malone |
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| 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. No | 17. INFORMANT'S SIGNATURE OR NAME Sidney Malone | ADDRESS 1618 Montgall |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1-4 to 2-17-54 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 443K | |

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| 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) (Min.) | 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 Jan. 4, 1954, to Feb. 17, 1954, that I last saw the deceased alive on 2-17-, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE L. E. Williams | (Degree or title) MD | 23b. ADDRESS 2201 E 27th St. | 23c. DATE SIGNED 2-18-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/20/54 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 2-19-54 | REGISTRAR'S SIGNATURE Maeldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Walter D. Benton | ADDRESS 184 1/2 Benton |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *Bruce R. Whitman*

Licensed Embalmer No. *450*

P. O. Address *19th & Bent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.