

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31312

BIRTH NO.		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 100	
1. PLACE OF DEATH a. COUNTY Newton,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Newton,			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho,		c. LENGTH OF STAY (If in place) 4 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho,			
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 West Adams,				d. STREET ADDRESS (If rural, give location) 410 West Adams, 01320			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Jackson		c. (Last) Malone		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1954
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 1, 1865	
9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming,		10b. KIND OF BUSINESS OR INDUSTRY Farming,		11. BIRTHPLACE (State or foreign country) Salem, Phelps County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wesley Malone,			13b. MOTHER'S MAIDEN NAME Sarah Nelson,		14. NAME OF HUSBAND OR WIFE Effie Malone,		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None,		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie Malone, 410 West Adams, Neosho, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 157 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Aug. 10, 1954, to Sept 20, 1954, that I last saw the deceased alive on Sept 19, 1954, and that death occurred at 4 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. E. Manes M.D.				23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 9-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/22/54		24c. NAME OF CEMETERY OR CREMATORY G. A. R. Cemetery		24d. LOCATION (City, town, or county) (State) Miami, Oklahoma	
DATE REC'D BY LOCAL REG. 9-21-54		REGISTRAR'S SIGNATURE Melvin C. Bowman 223		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Miami, Oklahoma.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number _____

Date Filed SEP 27 1954

NEOSHO, MISSOURI

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Ray P Adams

Signed _____
Student Embalmer

Licensed Embalmer No. 4928

P. O. Address Neosho, 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.