

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39418

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		c. CITY OR TOWN <u>Bloomfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>103<sup>rd</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bertha</u>	b. (Middle) <u>--</u>	c. (Last) <u>Malone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1955</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 30, 1893</u>	9. AGE (In years last birthday) <u>62</u>	F UNDER 1 YEAR Months <u>3</u>	YEAR Days <u>2</u>	F UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leora, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David C. Malone</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kimbrel</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Malone (Brother) Poplar Bluff, Mo.</u>
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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 <u>15</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A.S.H.D.</u> DUE TO (c) <u>4200</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u>		years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Epilepsy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-2-1955 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 11-2-1955 and that death occurred at 4 P.M. m.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stephen Paul M.D.</u>	23b. ADDRESS <u>Bloomfield Mo.</u>	23c. DATE SIGNED <u>11-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-15-55</u>	REGISTRAR'S SIGNATURE <u>Leo E. Wanner</u> <u>510-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

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, ~~of~~ by Lulu Cooper # 3499....., ~~Student Embalmer~~ working under ~~XXXXXX~~ XXXXXX

Student.....  
Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.