

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

658

State File No.

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 9

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

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Clark</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> | |
| b. CITY (If outside of rural limits, write RURAL and give townships) OR TOWN <u>rural Madison</u> c. CITY OR TOWN <u>Kahoka</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Winn Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>0280</u> | |
| 3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Malone</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15-1956</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 8-1882</u> |
| 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co. Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Albert Malone</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Nancy Elizabeth Rittenhouse</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ida Malone</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Logan Malone</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMMORAGE</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | |
| ANTECEDENT CAUSES Morbid 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. | | <u>331X</u> | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 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) _____ |
| 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 <u>1-10, 1956</u> , to <u>1-15, 1956</u> , that I last saw the deceased alive on <u>1-15, 1956</u> , and that death occurred at <u>3-P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u> | | 23b. ADDRESS <u>Kahoka Mo</u> | |
| 23c. DATE SIGNED <u>1-16-56</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Jan. 17-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kahoka, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>1-30-56</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 52. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Kahoka Mo</u> |

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 *Chas. L. Luttinger*.....

Licensed Embalmer No. *296*.....

P. O. Address *Lacey*.....

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.