FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11975

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: St. Geneve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Geneve
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Geneve N-H

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Apple Creek
d. STREET ADDRESS (If rural, give location): 2 Mi W. Oak Ridge

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Luther
c. (Last): Malone

4. DATE OF DEATH (Month) (Day) (Year): Mar. 10 - 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 28 - 1881
9. AGE (In years last birthday): 74 — If under 1 year: Months 3, Days 22 — If under 24 hrs.: Hours, Min.

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 (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Malone
13b. MOTHER'S MAIDEN NAME: Nancy Fulbright
14. NAME OF HUSBAND OR WIFE: none

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.: none
17. INFORMANT'S SIGNATURE OR NAME: D.D. Morton — ADDRESS: Oak Ridge 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): Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis — 5 yrs
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: 442 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1956, *to* Mar 10, 1956, *that I last saw the deceased alive on* Mar 10, 1956, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur E. Sexauer M.D.
23b. ADDRESS: Ste. Genevieve Mo.
23c. DATE SIGNED: 3-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 12-56
24c. NAME OF CEMETERY OR CREMATORY: Fulbright
24d. LOCATION (City, town, or county) (State): 1 Mi W. Oak Ridge

DATE REC'D BY LOCAL REG.: 3/15/1956
REGISTRAR'S SIGNATURE: Lucille Basler
25. FUNERAL DIRECTOR'S SIGNATURE: Deneke-Laird — ADDRESS: Inc Jackson

(Licensed Embalmer's Statement on Reverse Side)

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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.