

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1956

State File No. **14278**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4430** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo		c. CITY OR TOWN Crocker, Mo	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 None.		e. STREET ADDRESS (If rural, give location) None.	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) A.	c. (Last) Malone.	4. DATE OF DEATH (Month) (Day) (Year) 4 19 1956
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH July 3, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and State or Foreign Country) X		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Clinton A. Dewey	13b. MOTHER'S MAIDEN NAME Josephine Workman	14. NAME OF HUSBAND OR WIFE Alfred L. 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. None.	17. INFORMANT'S SIGNATURE OR NAME James C. Malone.	ADDRESS Crocker, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES DUE TO (b) Myocardial heart disease.		
	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	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)
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?

22. I hereby certify that I attended the deceased from **Aug.**, 19**45**, to **April 19, 1956**, that I last saw the deceased alive on **April 19, 1955**, and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Michalewicz, D.O.	23b. ADDRESS Crocker, Mo	23c. DATE SIGNED 4-20-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/21/56	24c. NAME OF CEMETERY OR CREMATORY Gamble Cemetery	24d. LOCATION (City, town, or county) (State) Festus, Missouri
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DATE REC'D BY LOCAL REG. 4-21-56	REGISTRAR'S SIGNATURE Paula Mae Anderson	25. FUNERAL DIRECTOR'S SIGNATURE W. Hedges Richland, Mo	ADDRESS Home Crocker, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 4-28-52
File Number

Pulaski County Health Officer

RECEIVED
4-21-52

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.....
Evel C. Craig

Licensed Embalmer No. 47

P. O. Address Crocker

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.