V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15773

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 946

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

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Allenton
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fox Creek Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Rural Allenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Fox Creek. Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): T.
c. (Last): Muldoon

4. DATE OF DEATH (Month) (Day) (Year): April 9 1957

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 26, 1884
9. AGE (In years last birthday): 73 — 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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Selling
11. BIRTHPLACE (City and State or Foreign Country): Minneapolis Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Muldoon
13b. MOTHER'S MAIDEN NAME: Susie Ismon
14. NAME OF HUSBAND OR WIFE: Mabelle Muldoon.

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.: 492-05-1418
17. INFORMANT'S SIGNATURE OR NAME: Mabelle Muldoon — ADDRESS: Pacific, 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): Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer sigmoid colon
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 153X

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* Jan, 1957, *to* Apr 9, 1957, *that I last saw the deceased alive on* April 5, 1957, *and that death occurred at* 7.45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. S. Puffer D.O.
23b. ADDRESS: Pacific Missouri
23c. DATE SIGNED: 4/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-11-57
24c. NAME OF CEMETERY OR CREMATORY: Brush Creek Cem.
24d. LOCATION (City, town, or county) (State): Gray Summit Mo.

DATE REC'D BY LOCAL REG.: 4-10-57
REGISTRAR'S SIGNATURE: Herbert B. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. John L. Hucke — ADDRESS: Pacific Mo.

(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 embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ...Ralph Oltmann.....

Licensed Embalmer No. 4808....

P. O. Address Union, Mo...

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