FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 027598
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5034 Registrar's No. 944

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt #6, Washington Twsp — Length of stay in Hospital 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt #6, — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ray; Middle; Last Malone

4. DATE OF DEATH Month Aug Day 20 Year 1957

5. SEX male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Jan. 6, 1882

9. AGE (In years last birthday) 75 — 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) Laborer (Re)

10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.

11. BIRTHPLACE (City and state or country) Gentryville, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Malone

13b. MOTHER'S MAIDEN NAME Elizabeth Baxter

14. NAME OF HUSBAND OR WIFE Lottie Malone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 487-05-1710

17. INFORMANT Virginia Harman Address St. Joseph, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis, general — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of descending colon — 18 mo.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5.11.56 to 8.20.57 and last saw him alive on 8.16.57
Death occurred at 6:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. E. Grant (Degree or title) MD

22b. ADDRESS St. Joseph, Mo

22c. DATE SIGNED 8.23.57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/23/57

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) St. Joseph, Mo (State)

24. FUNERAL DIRECTOR John E. Rupp ADDRESS St. Joseph, Mo

25. DATE RECD. BY LOCAL REG. Aug. 28, 1957

26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.