V.S. No. 300
Rev. 10-48

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45061

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 71

0620 1

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

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marquand, Mo
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Madison
c. CITY OR TOWN: Marquand Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0620
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Paul b. (Middle) O c. (Last) Maldorn

4. DATE OF DEATH (Month) (Day) (Year): 12-23-1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 4-10-1868
9. AGE (In years last birthday): 89 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Lixville Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Cantsay
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: —

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 ADDRESS: Ola Huff Marquand 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) Myocardistis Chronic — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☐ 0

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* —, 1957, *to* Dec 23, 1957, *that I last saw the deceased alive on* Dec 23, 1957, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray Wilson Coroner
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 12-24-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/24/57
24c. NAME OF CEMETERY OR CREMATORY: Whitenton Cem
24d. LOCATION (City, town, or county) (State): Marquand Mo

DATE REC'D BY LOCAL REG.: 12-24-1957
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ola Huff Marquand Mo

(Licensed Embalmer's Statement on Reverse Side)

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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
DEC 30 1957
RECEIVED
FILE No. 1257-73

JAN 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4889

P. O. Address Fredericktown

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