

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008939  
STATE FILE NUMBER 309

FILED MAR 24 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Euchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Euchanan</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Faucett</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>North Nursing Home 1804 Farson St.</b>		Length of stay in lb <b>7 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>2 1/2 Mi. North on US 71 St. Joseph route</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle <b>Work</b> Last <b>Malone</b>			4. DATE OF DEATH Month <b>March</b> Day <b>20</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>December 30, 1879</b>		9. AGE (In years last birthday) <b>78</b> 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) <b>School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Schools</b>	11. BIRTHPLACE (City and state or country) <b>Hiawatha, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Theodore Hill Work</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Ann Kelley</b>		14. NAME OF HUSBAND OR WIFE <b>Allan F. Malone</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-10-1887A</b>	17. INFORMANT Address <b>Mrs. Harold W. Merrill, Faucett, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subarachnoid hemorrhage spontaneous</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b) Hypertension + arteriosclerosis 330XF</b> <b>coincident multiple infarcts and cerebral concussion due to fall</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>4 years</b> <b>2 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis. Parkinsonism. Fractures of ribs, os calcis + left femur natural</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>PT. fell on stairs at home - probably had 2nd</b>			
20c. TIME OF INJURY <b>7:22 p.m. Jan. 19, '58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>P.F.D. # 1, Faucett Euchanan MO.</b>	
21. I attended the deceased from Death occurred at <b>12:05 A.</b> on the date stated above; and last saw her alive on <b>3-17-58</b>					
22a. SIGNATURE (Degree or title) <b>Thompson P. Potter, M.D.</b>			22b. ADDRESS <b>731 FARSON ST. ST. JOSEPH, MO.</b>		22c. DATE SIGNED <b>3-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Mar. 22, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Robinson, Kansas</b>
24. FUNERAL DIRECTOR <b>Meyerhoffer &amp; Gleason, Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 21, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Clark Woodall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Death, coroner, or other medical officer must be causally related. All diseases in Part I must be causally related.

(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 *Albert H. Harrington*

Licensed Embalmer No. *3258*

P. O. Address *H. 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.