THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-009049

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 278

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff Length of stay in 1b Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff 0124 0 Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 112 South Riverview Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First William Middle N. Last Malone

4. DATE OF DEATH Month March Day 13, Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐

8. DATE OF BIRTH July 1, 1888

9. AGE (In years last birthday) 69 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 country) Stoddard County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Louis Malone

14. MOTHER'S MAIDEN NAME Susan Graham

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Minnie Tolbert, Bloomfield, Mo.

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) Cerebral apoplexy

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, general

DUE TO (c) 334X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 3-13-58, to 3-13-58 and last saw ~~her~~ him alive on 3-13-58
Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank E. Dinelle MD 0

22b. ADDRESS Poplar Bluff Mo

22c. DATE SIGNED 3-19-58

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

23b. DATE 3-15-58

23c. NAME OF CEMETERY OR CREMATORY City Cem.

23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG. 3/22/58

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 13 1958

RECEIVED
MAR 24 1958
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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