Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002418
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. James — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): AT-home — Length of stay in 1b: 48 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: Phelps
c. CITY OR TOWN: ST. James 0810 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): ✓ — Reside on Farm: Yes [ ] No [✓]

3. NAME OF DECEASED (Type or print): First: Opal Middle: L. Last: Malone
4. DATE OF DEATH: Month 1 Day 11 Year 59

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-10-1910
9. AGE (In years last birthday): 48 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): Phelps Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: W.E. Licklider
13b. MOTHER'S MAIDEN NAME: Lula Fisher
14. NAME OF HUSBAND OR WIFE: R.J. Malone

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: R.J. Malone — Address: ST. James, 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): Endoxism — INTERVAL BETWEEN ONSET AND DEATH: 12-19-59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adeno Carcinoma Uterus — 1-10-59
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 174x
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 12-19-58, to 1-10-59 and last saw her/him alive on 1-10-59
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P.B. Cappel Co. Mo.
22b. ADDRESS: 3284 Ironhill Ave
22c. DATE SIGNED: 1-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-14-59
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cem.
23d. LOCATION (City, town, or county) (State): ST. James, MO.

24. FUNERAL DIRECTOR — ADDRESS: Orol E. Licklider - ST. James Mo
25. DATE RECD. BY LOCAL REG.: 1-17-1959
26. REGISTRAR'S SIGNATURE: Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAR 27 1959

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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 .....me....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Orel E. Tickner

Licensed Embalmer No. 3546

P. O. Address 27 James Mo

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.