

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018580

STATE FILE NUMBER

JUN 8 1959 Registration District No. 264 Primary Registration District No. Registrar's No. 25

| | | | |
|--|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ozark</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ark</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Isabella</u> | | c. CITY OR TOWN <u>Dugginsville</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>NANCY</u> Middle <u>Mallonee</u> Last <u>Sisney</u> | | 4. DATE OF DEATH Month <u>5</u> Day <u>24</u> Year <u>59</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-11-1883</u> |
| 9. AGE (In years last birthday) <u>75</u> | | 10. CITIZENSHIP (If UNDER 1 YEAR, give Months, Days, Hours, Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Bakland Ark</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Thomas J. Mallonee</u> | | 14. MOTHER'S MAIDEN NAME <u>Dora Nave</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Bessie Record</u> | | Address <u>Isabella</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastro intestinal hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Abdominal carcinomatosis-</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>General debility, unable to retain food-</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2-3 day</u> <u>8-10 mo.</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input 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.) | | 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>4/6/59</u> to <u>5/24/59</u> and last saw ^{her} alive on <u>5/24/59</u> Death occurred at <u>11:55 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Arthur L. Beard M.D.</u> | | 22b. ADDRESS <u>Gainesville, Mo.</u> | |
| 22c. DATE SIGNED <u>5/27/59</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-26-59</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Pointac</u> | | 23d. LOCATION (City, town, or county) (State) <u>Ozark-Cv. Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Link Heard</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-6-59</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

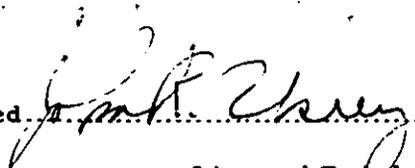
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 28

P. O. Address Saint

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.