

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020382

FILED VS MAY 26 1960

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 97 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newburg</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Newburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Wilhelmina Francis Malone</u>			4. DATE OF DEATH Month Day Year <u>MAY 16 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 21 1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>
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>Newburg Mo</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Stremmel</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Spearman</u>		14. NAME OF HUSBAND OR WIFE <u>DAN MALONE SR.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>DAN MALONE Newburg Mo.</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>Pulmonary edema &amp; severe debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
DUE TO (b) <u>Carcinoma - Metastases of bladder to lungs &amp; also sarcoma of left femur to hips -</u>		
DUE TO (c) <u>Diabetes, heart disease, anemia -</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <u>Diabetes, heart disease, anemia -</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m.		

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>Mar 1, 1960</u> to <u>May 16, 1960</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>May 16, 60</u> Death occurred at <u>6 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Richard E. Myers MD</u>		22b. ADDRESS <u>Newburg, Mo</u>	22c. DATE SIGNED <u>May 17 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>May 19, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>
24. FUNERAL DIRECTOR <u>Lee Johnson</u>	ADDRESS <u>Newburg</u>	25. DATE RECD. BY LOCAL REG. <u>May 17, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L Stoll</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 17 1960

STATEMENT BY LICENSED EMBALMER

0981 T NOD

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Lee Strubbe

Licensed Embalmer No. 5043

P. O. Address Newburg

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