

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

30014384

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 30014384 STATE FILE NUMBER

FILED APR 19 1965

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>0050</u>				
2 <u>0050</u>				
3				
4 <u>0</u>				
5 <u>2</u>				
6				
7 <u>0</u>				
8 <u>2</u>				
9 <u>4201</u>				
10				
11				
12 <u>4-2</u>				
13 <u>-0</u>				
ITEM NO. SHOULD READ		BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived 10 days or more before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		Length of stay in 1b 1 day	c. CITY OR TOWN CASSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1003 TOWNSEND ST.
3. NAME OF DECEASED (Type or print) First Middle Last HENRY EDWARD MALONEY			4. DATE OF DEATH Month Day Year April 9, 1965
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/20/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) Eagle Rock, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Huston Maloney		13b. MOTHER'S MAIDEN NAME Martha Tate	14. NAME OF HUSBAND OR WIFE Mollie Maloney, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Yes	17. INFORMANT Address Faye Ball, Cassville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary + Vascular Collapse DUE TO (b) Cardiac Infarction DUE TO (c) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 30 Min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Gastric Tumor + Gastric outlet Obstruction			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 e.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>8:50 4/8/65</u> to <u>4/9/65</u> and last saw her/him alive on <u>4/9/65</u> . Death occurred at <u>A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) John A. Taylor D.O.		22b. ADDRESS Cassville, Mo.	22c. DATE SIGNED 4/9/65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/11/65	23c. NAME OF CEMETERY OR CREMATORY Muncey Cemetery	23d. LOCATION (City, town, or county) Eagle Rock, Mo.
24. FUNERAL DIRECTOR D. E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-1965	26. REGISTRAR'S SIGNATURE Grace Williams

0128722
0011300
2112111

ALFRED H. ...
STATE

Burial permit obtained 4-10-65 B.W.

*Approved & Licensed Collaborator
CARRIE ANN ...
2112111*

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 *Dyl E Williamson*

Licensed Embalmer No. 4883

P. O. Address *Cassville 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.