

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0037989

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 4493 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 13 1967

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

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>3. NAME OF DECEASED</b> (Type or print)<br>First <u>Joseph</u> Middle <u>A.</u> Last <u>Malone</u>               |   |   | <b>4. DATE OF DEATH</b><br>Month <u>October</u> Day <u>1</u> Year <u>1967</u> |  |  |
| <b>5. SEX</b><br><u>Male</u>  | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><u>6/2/1885</u>                                    | <b>9. AGE (last birthday)</b><br><u>82</u>                                 |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br>  |   | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>Knot, Missouri</u> |  |
| <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>U S A</u>  |   | <b>13a. FATHER'S NAME</b><br><u>James M. Malone</u>   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Nancy M. Lambert</u>                |  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Margaret F. Malone</u>   |   | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   |  |  |
| <b>16. SOCIAL SECURITY NO.</b><br><u>520-28-1441</u>  |   | <b>17. INFORMANT</b><br>Address <u>Margaret Malone Birch Tree, Missouri</u>   |   |  |  |

|   |  |                                  |
|---|--|----------------------------------|
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Respiratory Failure</u><br>DUE TO (b) <u>carcinomatosis</u><br>DUE TO (c) <u>carcinoma of the stomach</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |                                  |

|   |  |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)                  |  |  |
| <b>20c. TIME OF INJURY</b><br>Hour _____ a.m. _____ p.m. Month, Day, Year _____                 |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> |  |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | <b>20f. CITY, TOWN, OR LOCATION</b> _____ COUNTY _____ STATE _____   |  |  |

21. I attended the deceased from 1966 to 1967 and last saw him alive on 9/30/67  
 Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |   |
|---|--|---|
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>M.C. Walton, M.D.</u> | <b>22b. ADDRESS</b><br><u>Mtn. View, Mo.</u> | <b>22c. DATE SIGNED</b><br><u>10/7/67</u> |
|---|--|---|

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u> | <b>23b. DATE</b><br><u>10/3/1967</u> | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Bethlehem Cemetery</u> | <b>23d. LOCATION</b> (City, town, or county) (State)<br><u>Birch Tree, Missouri</u> |
|---|--------------------------------------|--|---|

|  |  |  |
|--|--|--|
| <b>24. FUNERAL DIRECTOR</b><br><u>Duncan Funeral Home Mtn. View, Mo.</u> | <b>25. DATE RECD. BY LOCAL REG.</b><br><u>Oct 12, 1967</u> | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Isabel Gann</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 1010

2 1010

3 2

4 0

5 1

6

7 0

8 0

9 151x

10

11

12 980

13 1-0

OCT 16 1967

Burial Permit - Permi to Burial

**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 Carl D. Bell

Licensed Embalmer No. 5368

P. O. Address St. Louis, 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.