

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18349**

MUD JUN 15 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN StLouis		c. LENGTH OF STAY (in this place) 1 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 406 No 8th			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) _____		c. (Last) Mallory		4. DATE OF DEATH (Month) (Day) (Year) 5-28-1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)	8. DATE OF BIRTH 12-4-1875		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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 (State or foreign country) Farmington Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Thomas Pinkston		13b. MOTHER'S MAIDEN NAME Martha Hughes		14. NAME OF HUSBAND OR WIFE Walter			
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'S SIGNATURE OR NAME ADDRESS Walter Mallory Farmington Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid with metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from 4-29-51 , 19____, to 5-28-51 , 19____, that I last saw the deceased alive on 5-28-51 , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE James R. Meador M.D. (Degree or title)				23b. ADDRESS 45 Central Clayton, Mo		23c. DATE SIGNED 5-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-29-51		24c. NAME OF CEMETERY OR CREMATORY ?		24d. LOCATION (City, town, or county) (State) Farmington Missouri	
DATE REC'D BY LOCAL REG. MAY 31 1951		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howland - 4104 Manchester			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.