

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25517

State File No.

FILED JUL 21 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>59</u>				
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>6195 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>107 N. 6th St.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>T.</u> c. (Last) <u>Molony</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1953</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 18, 1877</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Alton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Cornelius Molony</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Noonan</u>			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records, Mo.S.S., Mt. Vernon, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>				DUPLICATE OF (a) _____				<u>immediate</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS: <u>Pulmonary tuberculosis</u>				<u>19 years</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____								
22. I hereby certify that I attended the deceased from <u>May 19, 1935</u> , to <u>July 13, 1953</u> , that I last saw the deceased alive on <u>7-13-53</u> , and that death occurred at <u>10:05am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>O. A. Brasher, M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>				23c. DATE SIGNED <u>7-13-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-13-53</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. D. Gassett</u>		ADDRESS <u>Mt. Vernon, Mo.</u>				

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. B. Pratt

Licensed Embalmer No. 2201

P. O. Address Mt. Pleasant, 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 this body is not embalmed, fact should be so stated above.