

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4109

State File No.

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Rural</u> c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		c. CITY OR TOWN <u>Rural Washington</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Washington Twp/ RR#6</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. #6</u> <u>0110</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) _____ c. (Last) <u>MOLLETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 22 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-3-1878</u>
9. AGE (In years) (Month) (Day) (Year) <u>74</u>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andrew J. Mollett</u>	
13b. MOTHER'S MAIDEN NAME <u>Dora ?</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Mollett</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'S SIGNATURE OR NAME <u>Elizabeth Mollett, Rt. # 6</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion 1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis, unknown</u> DUE TO (c) <u>Senility 4201</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man died while alone in his home.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>He had not been under recent medical care.</u>	
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 _____		21g. _____	
22. I hereby certify that I attended the deceased from <u>viewed on 2/23 1954</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner) St. Joseph Mo</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>2-23-54</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Esther M. Allison</u> 485	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	
_____		_____ <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

BNC

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John E. Rupp*

Licensed Embalmer No. 798

P. O. Address *St. Joseph*

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.