

path, Welfare Public Service
 0400
 800-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10599
 STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Trenton TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 403 E 7th St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 403 E 7th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) John P. Molan	First John	Middle P.	Last MOLAN	4. DATE OF DEATH JAN. 28 1957	Month JAN.	Day 28	Year 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 14 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Conductor	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Camden, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Daniel Molan	14. MOTHER'S MAIDEN NAME Ellen Walsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO.	17. INFORMANT Marie Kippay Address KANSAS CITY KAN.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Jan 14-57 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio Sclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X		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 a. 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 Trenton MO.	COUNTY	STATE
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21. I attended the deceased from **Jan 14-57** to **Jan 28-57** and last saw her/him alive on **Jan 25-57**.
 Death occurred at **6 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. A. Duffy M.D. (Degree or title)	22b. ADDRESS Trenton Mo.	22c. DATE SIGNED Jan 29-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 31, 1957	23c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	23d. LOCATION (City, town, or county) (State) CAMERON MO
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24. FUNERAL DIRECTOR J. Gordon Blackmore	ADDRESS Trenton, MO.	25. DATE RECD. BY LOCAL REG. 1-31-57	26. REGISTRAR'S SIGNATURE Gene Faw
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Dr. E. A. Duffy (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 5 1957

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 *Harold E. Roberts*

Licensed Embalmer No. *49*

P. O. Address *Trenton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.