

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025684  
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3574

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in lb 30 YEARS	d. STREET ADDRESS (If outside, give location) 3008 CYPRESS STREET
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED MELVIN MOLL			4. DATE OF DEATH Month Day Year July 21, 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 6, 1901	9. AGE (In years last birthday) 56	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLOOR MAN	10b. KIND OF BUSINESS OR INDUSTRY NAT'L BISECT CO	11. BIRTHPLACE (City and state or country) HITEMAN, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William Moll	13b. MOTHER'S MAIDEN NAME Alice Lewis	14. NAME OF HUSBAND OR WIFE IAH MOLL	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> ) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-05-6605	17. INFORMANT MRS. IAH MOLL - KANSAS CITY, MO	Address 3008 CYPRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Left ureteral stone + Right Renal pelvis hematoma + R perinephric hematoma (11. 22. 01)	5 days
	DUE TO (c)	102x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) severe Pulmonary emphysema		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
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21. I attended the deceased from 6-16-51 to 7-21-58 and last saw her alive on 7-21-58 Death occurred at 2:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Martin J. Mueller (Degree or title) 0	22b. ADDRESS 535 Angles Road KCMO	22c. DATE SIGNED 7-22-58
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23a. BURIAL, CREMATION, OR REMOVAL (Spec)	23b. DATE July 24, 58	23c. NAME OF CEMETERY OR CREMATORY ELM WOOD CEMETERY	23d. LOCATION (City, town, or county) (State) Kansas City MO.
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 7-23-58	26. REGISTRAR'S SIGNATURE neva minshall
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All diseases in Part I must be causally related.

Martin J. Mueller

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



*Handwritten notes:*  
N.C. 2-1-82  
A.H.

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 *James W. Lawson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *N.C., No.* .....

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.