Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005270
STATE FILE NUMBER

MAR 16 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): TRENTON — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wrights Hosp. — Length of stay in 1b: 5 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: GRUNDY
c. CITY OR TOWN: TRENTON Mo. c 462 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1901 Chestnut — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Alvina — Middle: — Last: Moll
4. DATE OF DEATH: Month: MAR — Day: 9 — Year: 1959

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 1, 1879
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Washington Co. Nebr.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Louis Meuller
13b. MOTHER'S MAIDEN NAME: Elizabeth Mosel
14. NAME OF HUSBAND OR WIFE: Adolph Moll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Adolph Moll — Address: Trenton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 422.2
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Feb 1st 1959, to March 9th 1959 and last saw her/him alive on March 9th 1959
Death occurred at 6 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oliver F. Duffy MD
22b. ADDRESS: Trenton Mo
22c. DATE SIGNED: March 10th 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/12/1959
23c. NAME OF CEMETERY OR CREMATORY: Emmanuel Cemetery
23d. LOCATION (City, town, or county) (State): Hooper Nebraska

24. FUNERAL DIRECTOR: J. Gordon Blackmon — ADDRESS: Trenton Mo.
25. DATE RECD. BY LOCAL REG.: 3-11-59
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

## 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 Claude H. Crandall Jr.

Licensed Embalmer No. 4986

P. O. Address Trenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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