RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 31 1959

59-028540

STATE FILE NUMBER

Registration District No. 8.2 Primary Registration District No. 5308 Registrar's No. 121

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Blackwater Twsp. Length of stay in 1b Life.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home. Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Nelson Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First John Middle William Last Mollett
4. DATE OF DEATH Month August Day 22 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH March 22, 1874
9. AGE (last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME H. K. Mollett
13b. MOTHER'S MAIDEN NAME Sarah Ann Dix
14. NAME OF HUSBAND OR WIFE Nellie Sterling Mollett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
17. INFORMANT Address Mrs. J. W. Mollett, Nelson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH ± 5 years.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 7-26-55, to 8-22-59 and last saw ~~her~~ him alive on 8-5-59
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. M. Stuart, M.D.
22b. ADDRESS 329 Main; Boonville, Mo
22c. DATE SIGNED 8/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 26/1959
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville, Mo.

24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 8/27/59
26. REGISTRAR'S SIGNATURE B. Cooper

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed G. F. Boller

Signature of Student Embalmer

Licensed Embalmer No. 3062

P. O. Address Boonville,

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

RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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Registration District No. 82 Primary Registration District No. 5308 Registrar's No. 121

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c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home. Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cooper
c. CITY OR TOWN: Nelson Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F. D. Reside on Farm: Yes ☒ No ☐

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13b. MOTHER'S MAIDEN NAME: Sarah Ann Dix
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22c. DATE SIGNED: 8/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 26/1959
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
23d. LOCATION (City, town, or county) (State): Boonville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Goodman & Boller, Boonville, Mo.
25. DATE RECD. BY LOCAL REG.: 8/27/59
26. REGISTRAR'S SIGNATURE: [signature] Hooper

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF H. K. Mollet DOCUMENT

John William Mollet John William Mollet Nellie Sterling Mollet Nellie Sterling Mollet Nellie Sterling Mollet Nellie Sterling Mollet

H. K. Mollet

13a

MEDICAL CERTIFICATION