

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

STATE FILING NUMBER

Registration-District No. 149 Primary Registration District No. 1002 Registrar's No. 6309-59-046819

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City, Mo</u>		Length of stay in 1b <u>53 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>104 N. Lincoln</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
William Oliver Molina 12 31 59

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8-28-1905 9. AGE (last birthday) 54 yrs.  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) retired sales man 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) Kearney, Ia. U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Clarence Molina (D) 13. MOTHER'S MAIDEN NAME Ruth Oliver (D) 14. NAME OF HUSBAND OR WIFE Edna Molina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give unit or dates of service) NO 16. SOCIAL SECURITY NO. #99-09-7777 17. INFORMANT Mrs. C.B. Molina 1933 Wagon Place.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Diabetes mellitus  
 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) right heart failure  
 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 Month, Day, Year  
 s.m. p.m.  
 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 12-29-1959 to 12-31-1959 and last saw <sup>her</sup>him alive on 12-29-1959  
 Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H.L. Dwyer (Degree or title) 22b. ADDRESS 2400 Perry City 22c. DATE SIGNED 12/31/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan 9 1960 23c. NAME OF CEMETERY OR CREMATORY Forest Hill 23d. LOCATION (City, town, or county) (State) S.P. Mo

24. FUNERAL DIRECTOR ADDRESS W. Murovec's Sons. MO 25. DATE RECD. BY LOCAL REG. 1-1-60 26. REGISTRAR'S SIGNATURE Neve Marshall

DOCUMENT

MEDICAL CERTIFICATION

H. L. Dwyer

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert F. Fuller

Licensed Embalmer No. 4818

P. O. Address KC. 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.