SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-037100

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5082

FILED OCT 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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
Length of stay in 1b: 35 Yrs

c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1125 West 41St.
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1125 West 41 St.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: Mollie Middle: E. Last: Mothersbaugh

4. DATE OF DEATH Month: October Day: 11 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8 Oct 1877

9. AGE (last birthday): 84 yrs

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Benton Co. Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Patton Allen

13b. MOTHER'S MAIDEN NAME: Elizab Jane Manford

14. NAME OF HUSBAND OR WIFE: James A. Mothersbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Fyrn Sproull, 1125 W. 41st K C Mo
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Failure	24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	2+ yr
DUE TO (c)	Generalized Arteriosclerosis	5+ yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Right Hemiparesis (4 yr)

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 December 1957, to Oct 11 1961 and last saw her alive on Oct 11 1961

Death occurred at 4 30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. H. Goodson Jr MD (Degree or title)

22b. ADDRESS 730 Professional Bldg Kansas City 6 Mo

22c. DATE SIGNED 10/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct 13, 1961

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Mem. Park

23d. LOCATION (City, town, or county) (State): San Diego, California

24. FUNERAL DIRECTOR: Gates
ADDRESS: 1901 Olathe Blvd., Kansas City Kansas
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: 10-12-61

26. REGISTRAR'S SIGNATURE: Ruth Long

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_____ Signed Paul R. Williams

Signature of Student Embalmer

Licensed Embalmer No. 5009

P. O. Address Overland Park

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.