

FILED JUL 20 1950

STANDARD CERTIFICATE OF DEATH

24229

State File No. _____
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5919

1. PLACE OF DEATH
a. COUNTY **Perry**
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Rural Saline** township) c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Perry**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Saline** 0790
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED: a. (First) **Eliza** b. (Middle) **Ann** c. (Last) **Moll** 4. DATE OF DEATH (Month) (Day) (Year) **June 21 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept. 26 1889** 9. AGE (In years last birthday) **60** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **house wife** 11. BIRTHPLACE (State or foreign country) **Perry Co. Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **house wife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Perry Co. Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William H. McLain** 13b. MOTHER'S MAIDEN NAME **Ann Layton** 14. NAME OF HUSBAND OR WIFE **Henry L. Moll**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Henry L. Moll** ADDRESS **St. Marys Mo. R 1**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Phenol Poisoning** INTERVAL BETWEEN ONSET AND DEATH **4 hrs** ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **E-970B**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) **Perry Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **6-21-1950 1:30 PM** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **Phenol Poisoning**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____ at _____, and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23. SIGNATURE **W. W. Wademan** (Degree or title) **Coroner of Perry County, Mo.** 23b. ADDRESS **Perry Mo** 23c. DATE SIGNED **6-22-1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 24 1950** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Hope Cemetery** 24d. LOCATION (City, town, or county) (State) **Perryville Mo.**

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE **250** 25. FUNERAL DIRECTOR'S SIGNATURE **Young & Sons** ADDRESS **Perryville Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 17

District Health Office No.

District File Number

Date Filed

FEB 3 1953

MAY 9 1956

James J. Perry

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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