

STANDARD CERTIFICATE OF DEATH

550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 397 PRIMARY REG. DIST. NO. 476 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Lawnence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lawnence</u>	
b. CITY OR TOWN <u>Pierce City</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Pierce City</u>	d. STREET ADDRESS (If rural, give location) <u>201 Walnut</u>
3. NAME OF DECEASED (Type or Print) <u>George Henry Mollening</u>		a. (First)	b. (Middle)
4. DATE OF DEATH (Month) (Day) (Year) <u>10 8 51</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>
8. DATE OF BIRTH <u>1/20/1872</u>	9. AGE (in years last birthday) <u>79</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Computer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Repairing</u>
11. BIRTHPLACE (State or foreign country) <u>Louisville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Henry Mollening</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>
14. NAME OF HUSBAND OR WIFE <u>Rosea Mollening Pierce City</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rosea Mollening Pierce City</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis - generalized</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 8, 1951</u> , to <u>Oct 8, 1951</u> , that I last saw the deceased alive on <u>Oct 8, 1951</u> , and that death occurred at <u>6:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>10-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City MO</u>
DATE REC'D BY LOCAL REG. <u>10-9-51</u>	REGISTRAR'S SIGNATURE <u>John M. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William J. Wessell Pierce City</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 15 1951

Dist. File 1057-1880
Date Filed 10-17-51

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.

Signed.....
Student Embalmer

Signed R. Gordon Bennett
Student Embalmer No.

Licensed Embalmer No. 4213

P. O. Address Monett, 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 this body is not embalmed, fact should be so stated above.