

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4063

v. 10.48

FILED FEB 18 1952

BIRTH NO. <u>66678</u>		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>159</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1517 Olive</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u>		b. (Middle) <u>Kay</u>		c. (Last) <u>Mollus</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>October 10, 1951</u>	9. AGE (In years last birthday) <u>4</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>
13a. FATHER'S NAME <u>Donald M. Mollus</u>		13b. MOTHER'S MAIDEN NAME <u>Charline Serocki</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald M. Mollus</u> ADDRESS <u>St. Joseph</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>Broncho-pneumonia</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>491X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>Feb 9</u> , 19 <u>52</u> , to <u>Feb. 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>52</u> and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Doctor Selig</u>		23c. DATE SIGNED <u>2-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Feb 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Brindlenden</u> ADDRESS <u>1802 Union St</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0110

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

Student Embalmer No.....

Signed.....
Robert H. Apple

Licensed Embalmer No. *3308*

P. O. Address. *St. Joseph, 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.