

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30499

State File No.

No. 300
10.48

SEP 5 - 1953

REG. DIST. NO. 322

PRIMARY REG. DIST. NO. 6115

Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY OR TOWN Sikeston		c. CITY OR TOWN Canalou	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.F. D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.3.			
3. NAME OF DECEASED (Type or Print) a. (First) Randy b. (Middle) Joe c. (Last) Molloy			4. DATE OF DEATH (Month) (Day) (Year) Aug. 11-53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH May 1, 1951
9. AGE (in years last birthday) 1 Months 5 Days 10		9. AGE (in years last birthday) 1 Months 5 Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY 0	
11. BIRTHPLACE (City and State or Foreign Country) Canalou, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Molloy		13b. MOTHER'S MAIDEN NAME Willie Martin	
14. NAME OF HUSBAND OR WIFE 0			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. 0	
17. INFORMANT'S SIGNATURE OR NAME William Molloy		ADDRESS Canalou, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Diarrhea *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Diarrhea 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 8-10, 1953 to 8-11, 1953 , that I last saw the deceased alive on 8-11, 1953 , and that death occurred at 10:30 AM , from the causes and on the date stated above.			
23a. SIGNATURE D. M. Darrow M.D. (Degree or title)		23b. ADDRESS Morehouse Mo	
23c. DATE SIGNED 8-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 13-53	
24c. NAME OF CEMETERY OR CREMATORY Carpenter		24d. LOCATION (City, town, or county) (State) R. 1 Sikeston, Mo.	
DATE REC'D BY LOCAL REG. Aug 25-53		REGISTRAR'S SIGNATURE Mrs. Olla Hunter	
25. FUNERAL DIRECTOR'S SIGNATURE Orville Taylor		ADDRESS Sikeston Mo.	

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

RECEIVED SEP 2 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 852-262

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
Student Embalmer

Signed *J. Ed. McMillan*
Licensed Embalmer No. *7695*

P. O. Address *E. Prairie, 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.