

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Darborn (Rural Blue)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Preston</u> 0430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Forests and Paul - Pt 6</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) _____ c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 - 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>	8. DATE OF BIRTH <u>Aug 14 - 1872</u>
9. AGE (In years) last birthday <u>80</u>	10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Joseph Mustier</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Francis Acuff</u>	
14. NAME OF HUSBAND OR WIFE <u>dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard O. Simmons</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Emaciation starvation</u>			<u>7 weeks</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input 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) _____	
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 <u>Aug 11</u> , 19 <u>52</u> , to <u>3-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 12</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. Nelson Jr MD</u>		23b. ADDRESS <u>Independence Mo</u>	
23c. DATE SIGNED <u>3-14-53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Resumed</u>	
24b. DATE <u>Mar. 14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McClain Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Preston - Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Polard R. Speaks</u> ADDRESS <u>Indep</u>	
DATE REC'D BY LOCAL REG. <u>3-14-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354-0	

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

3

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 *Richard J. [Signature]*
Licensed Embalmer No. 3604

P. O. Address *Indy, Ind*

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.