

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1892**

FILED FEB 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **4272** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>M Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>A Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waverly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blackburn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kelling Clinic</b>		d. STREET ADDRESS (If rural, give location) <b>0970</b>	

3. NAME OF DECEASED (Type or Print) <b>Mary Mollenbrock</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 19-1861</b>	9. AGE (In years last birthday) <b>92</b>	10. IF UNDER 1 YEAR: Months <b>8</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Bernhard Flair</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Harker</b>		14. NAME OF HUSBAND OR WIFE <b>Fredrick Wm. Mollenbrock</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Witte</b> ADDRESS <b>Blackburn Mo</b>	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>		DUE TO (b) <b>Cardio Vascular renal disease</b>			<b>1 day</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arteriosclerosis generalized</b>			<b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Fracture right hip</b>			<b>5 wks.</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E9048</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Blackburn Saline 097 Mo</b>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 19 53 7P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall in home.</b>	
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22. I hereby certify that I attended the deceased from **Jan 14**, 19**54**, to **Jan 24**, 19**54** that I last saw the deceased alive on **Jan 24**, 19**54** and that death occurred at **4 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) <b>Douglas Kelling M.D.</b>		23b. ADDRESS <b>Waverly Mo</b>		23c. DATE SIGNED <b>1-25-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-29-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blackburn City</b>	
24d. LOCATION (City, town, or county) (State) <b>Blackburn Mo</b>					

DATE REC'D BY LOCAL REG. <b>Jan 25-1954</b>		REGISTRAR'S SIGNATURE <b>Clayton H Landrum</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Ray F. Wiegert</b> ADDRESS <b>Stygiumville Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Roy F. Wugler*

Licensed Embalmer No.

*2883*

P. O. Address

*Higginsville*

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.