

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30016**

FILED OCT 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **365**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Cape Girardeau</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Cape Girardeau</b> |  | c. CITY OR TOWN<br><b>Cape Girardeau</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place)<br><b>11 days</b>   |  | e. STREET ADDRESS (If rural, give location)<br><b>Lemming Hall</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Francis Hospital</b>                        |  |  |  |

|  |                            |                          |                                |  |
|--|----------------------------|--------------------------|--------------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First)<br><b>ERSIE</b> | b. (Middle)<br><b>P.</b> | c. (Last)<br><b>MOLLENHOUR</b> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>October 5, 1954</b> |
|--|----------------------------|--------------------------|--------------------------------|--|

|  |                                  |  |  |  |   |  |
|--|----------------------------------|--|--|--|---|--|
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>December 25, 1889</b> | 9. AGE (In years last birthday)<br><b>64</b>                                   | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>10</b> | IF UNDER 24 HRS.<br>Hours <b>10</b> Min.     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Charge of Dinning Room</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lemming Hall</b>                 |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Jackson, Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b> |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><b>W. F. Points</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Marzella Lewis</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Peter Mollenhour</b> |
|---|--|--|

|  |   |   |                                |
|--|---|---|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>498-34-3433</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. R. E. Rafferty</b> | ADDRESS<br><b>Jackson, Mo.</b> |
|--|---|---|--------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Acute coronary thrombosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension arterial</b> |  |                                  |
|   | DUE TO (c)  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b> | 20. AUTOPSY?<br>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 **9/24, 1954**, to **10/5, 1954**, that I last saw the deceased alive on **10/5, 1954**, and that death occurred at **6:15 p.m.**, from the causes and on the date stated above.

|   |                   |                                       |                                    |
|---|-------------------|---------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>J. H. Kern, M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>Cape Girardeau</b> | 23c. DATE SIGNED<br><b>10/6/54</b> |
|---|-------------------|---------------------------------------|------------------------------------|

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>OCT. 7, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Fairmount Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Cape Girardeau, Missouri</b> |
|--|----------------------------------|---|--|

|  |   |      |  |                                       |
|--|---|------|--|---------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>10-7-54</b> | REGISTRAR'S SIGNATURE<br><b>C. C. Summers</b> | 44-0 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Walter Funeral Home</b> | ADDRESS<br><b>Cape Girardeau, Mo.</b> |
|--|---|------|--|---------------------------------------|

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

AUG 28 1934

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.....  
Signature of Student Embalmer

Signed.....  
*Virgil H. Welch*

Licensed Embalmer No. *410*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.