

FILED SEP 28 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 32850

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 742			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>					
b. CITY OR TOWN <u>Wash Township</u>		c. LENGTH OF STAY (In this place) <u>5m 28d</u>		c. CITY OR TOWN <u>Rockville</u>		d. Is Residence within limits of a city or incorporated town? <u>do not apply</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hoop 3 Nevada Mo</u>				e. STREET ADDRESS (If rural, give location) <u>rural.</u>					
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>-SAMUEL-</u> c. (Last) <u>-MOLLENKOPF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15, 1954</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 10, 1877</u>			
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockville Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Mollenkopf</u>		13b. MOTHER'S MAIDEN NAME <u>Mallasa Snell</u>		14. NAME OF HUSBAND OR WIFE <u>Phoebe Mollenkopf</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-18-5597</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hoop 3 Nevada Mo</u> ADDRESS <u>no</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, asphyxia, 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) <u>Arteriosclerotic</u>				Heart Disease				<u>several months</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Generalized Arteriosclerosis</u>				<u>several years.</u>	
DUE TO (c) <u>Hypertension</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u> (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>March 12, 1954</u> , to <u>Sept 15, 1954</u> that I last saw the deceased alive on <u>Sept 15, 1954</u> , and that death occurred at <u>8:25 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul L. Barone, M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hoop 3 Nevada Mo</u>			23c. DATE SIGNED <u>Sept 15/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockville</u>		24d. LOCATION (City, town, or county) (State) <u>Rockville Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-22-54</u>		REGISTRAR'S SIGNATURE <u>Anna B. Ferris</u>			5. FUNERAL DIRECTOR'S SIGNATURE <u>Anna B. Ferris</u> ADDRESS <u>Appleton City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.481080  
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FBI  
OCT 5 1960

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 *Oscar Eckhoff*.....

Licensed Embalmer No... 394

P. O. Address *Appleton*.....

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.