

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8804

State File No.

FILED MAR 22 1955

BIRTH NO. 194 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived.. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARQUAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARQUAND</u> <u>0620</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Miles</u> b. (Middle) <u>W</u> c. (Last) <u>MOLLSOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-1955</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-9-1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>MARQUAND MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>FRANCIS MOLLSOR</u>		13b. MOTHER'S MAIDEN NAME <u>CARINNE KELLEY</u>		14. NAME OF HUSBAND OR WIFE <u>LOLA O. MOLLSOR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>WILLARD MOLLSOR</u> ADDRESS <u>MARQUAND MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertension</u>		
	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 <u>4222</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) m.	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 1/8, 1955, to 1/8, 1955, that I last saw the deceased alive on 1/8, 1955, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Grooman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Federicestown MO</u>		23c. DATE SIGNED <u>3/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOLLSOR-CAMETAY</u>	24d. LOCATION (City, town, or county) (State) <u>MARQUAND MO</u>		
DATE REC'D BY LOCAL REG. <u>3-15-1955</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	19 <u>55</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Grooman</u> ADDRESS <u>Marquand MO</u>		

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

(1) - Gross WPN

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
MAR 21 1955
RECEIVED

FILE No. 322-11

DEC 4 1956

JUL 8 1957

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.

Signed _____
Student Embalmer

Signed

Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.