

Health, Welfare, Public Service, 300, 7-56, ALL diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FILED DEC 14 1956  
Dr. Kanagawa

STANDARD CERTIFICATE OF DEATH

37413  
STATE FILE NUMBER  
358

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 358

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp			Length of stay in 1b 94 yrs	d. STREET ADDRESS 821 Fairmount Blvd			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mollie Josephine Mayer				4. DATE OF DEATH Month Day Year Dec 9 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/20/1862		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Month Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frederick Mayer				14. MOTHER'S MAIDEN NAME Margaret Doerner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None	17. INFORMANT. Address Mrs. J. D. Guvot, Jefferson City, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u>491.X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 3 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>12/6/56</u> to <u>12/9/56</u> and last saw her/him alive on <u>12/9/56</u> . Death occurred at <u>3:45 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. Kanagawa MD</u>				22b. ADDRESS <u>515 - E High St.</u>		22c. DATE SIGNED <u>12/11/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/11/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>		
24. FUNERAL DIRECTOR <u>Joseph J. Ford</u>				ADDRESS <u>Jefferson City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11 Dec 1956</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Dorrie MD-MR.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

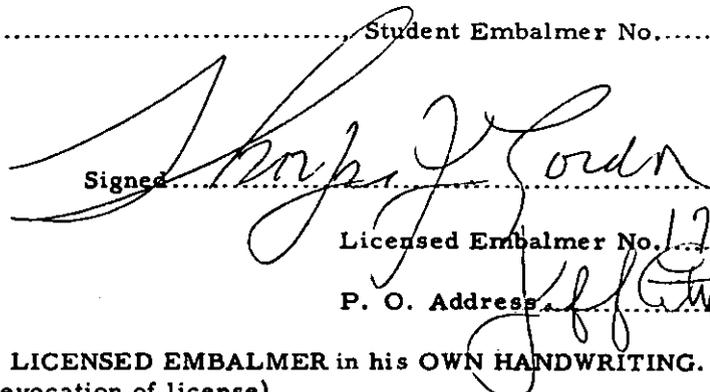
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STATEMENT BY LICENSED EMBALMER

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.....



Joseph J. Gordon

Licensed Embalmer No. 128

P. O. Address J. J. Gordon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.