

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11913**

BIRTH NO. _____ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4553** Registrar's No. **203**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) Manfield c. LENGTH OF STAY (If this place) 6 days		c. CITY OR TOWN Mount Rural 0340 <input type="checkbox"/> Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Manfield Hosp.		STREET ADDRESS (If rural, give location) Mount Rural.	

3. NAME OF DECEASED (Type or Print) Andrew Johnson MOLES	a. (First) Andrew b. (Middle) Johnson c. (Last) MOLES	4. DATE OF DEATH (Month) (Day) (Year) 3-17-57
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-7-1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harrie Males	13b. MOTHER'S MAIDEN NAME Elzina Penkey	14. NAME OF HUSBAND OR WIFE Candice Males
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul Males Mount Mo.	ADDRESS Mo.
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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 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mercuric Poisoning			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Mar 11 3:00 PM**, to **Mar 17 1957**, that I last saw the deceased alive on **Mar. 16, 1957**, and that death occurred at **3:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE W. Zimmerman (Degree or title) D.D.	23b. ADDRESS Manfield Mo	23c. DATE SIGNED 3/22/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/57	24c. NAME OF CEMETERY OR CREMATORY Prarie Hollow Cemetery Douglas Co.	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 3/22/57	REGISTRAR'S SIGNATURE Don Ferrell	25. FUNERAL DIRECTOR'S SIGNATURE Don Ferrell	ADDRESS Manfield Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

384

RECEIVED 3-25-57
WRIGHT CO. HEALTH DEPT.
County File Number 857-25
Date Filed 3-25-57

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.....
Don G. Jensen

Licensed Embalmer No. 4847

P. O. Address *Mansfield,*

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.