

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28616**

BIRTH NO. _____		REG. DIST. NO. <b>174</b>		PRIMARY REG. DIST. NO. <b>3035</b>		Registrar's No. <b>85</b>		
1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>LEXINGTON</b>		c. LENGTH OF STAY (In this place) <b>5 minutes</b>		c. CITY OR TOWN <b>ODESSA</b>		d. 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) <b>LEXINGTON MEMORIAL HOSP.</b>				f. STREET ADDRESS (If rural, give location) <b>2 1/2 MILES SOUTH</b> <span style="float: right;"><b>0546</b></span>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>MOLLMAN</b>			4. DATE OF DEATH <b>JULY 28, 1957</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>JULY 28, 1957</b>		9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LEXINGTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>HERMAN JOSEPH MOLLMAN</b>		13b. MOTHER'S MAIDEN NAME <b>NAOMI RUTH SMARR</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>NAOMI RUTH SMARR, ODESSA, MISSOURI</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> ANTECEDENT CAUSES <b>Birth wgt. 600 gm (22 week gestation)</b> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>776X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> 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 <b>7/28, 1957</b> , to <b>7/28, 1957</b> , that I last saw the deceased alive on <b>7/28, 1957</b> , and that death occurred at <b>6:25 am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Ralph W. Riley MD</b> (Degree or title)				23b. ADDRESS <b>LEXINGTON, MISSOURI</b>		23c. DATE SIGNED <b>7-30-57</b>		
24a. BURIAL CREMATION REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>JULY 28, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LEXINGTON MEMORIAL HOSPITAL</b>		24d. LOCATION (City, town, or county) (State) <b>LEXINGTON, LAFAYETTE, MO.</b>			
DATE REC'D BY LOCAL REG. <b>8-17-57</b>		REGISTRAR'S SIGNATURE <b>Marion L. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>...</b> ADDRESS <b>C.F. ... ADM OF HOSP., LEXINGTON, MO.</b>				

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.