

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024264
State File No.

FILED JUL 7 1958

BIRTH NO.		REG. DIST. NO. <u>925</u>	PRIMARY REG. DIST. NO. <u>4480</u>	Registrar's No. <u>604</u>
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greentop</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Greentop 09800</u>	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) HOSPITAL OR INSTITUTION <u>At family home</u>		STREET ADDRESS (If rural, give location) <u>H. F. D. Salt River Twp.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>		b. (Middle) <u>H.</u>	c. (Last) <u>Mollick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1882</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Gottlieb Mollick</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Ambrosia</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Boon Mollick</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mabel Mollick, Greentop 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction due to cerebral anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY 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) <u>4201</u>	
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>Nov 1957</u> , to <u>June 21, 1958</u> , that I last saw the deceased alive on <u>June 21, 1958</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Frank Drist</u>		23b. ADDRESS <u>PO Box 235 Greentop, Mo.</u>	23c. DATE SIGNED <u>6-21-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greentop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greentop, Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 24, 58</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. J. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul H. Clark, Kirksville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1963

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 *Richard R. Ellis*.....

Licensed Embalmer No *5036*

P. O. Address *Kirkville, Mo*

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.