

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021075  
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 120

300  
-57

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>TRENTON</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WRights Hosp</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>414 East 12th</b>

3. NAME OF DECEASED (Type or print) First <b>Viola</b> Middle <b>Belle</b> Last <b>Molett</b>			4. DATE OF DEATH Month <b>June</b> Day <b>20</b> Year <b>1959</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 12 1897</b>	9. AGE (In years and by the day) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.	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) <b>Homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>	11. BIRTHPLACE (City and state or country) <b>Pike County Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>J.W. Murray</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Brake</b>	14. NAME OF HUSBAND OR WIFE <b>George E. Molett</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Overton M. Murray</b> Address <b>TRENTON, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ 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 <b>Trenton</b>	COUNTY <b>Grundy</b>	STATE <b>Mo</b>
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21. I attended the deceased from <b>June 20 1959</b> to <b>June 20 1959</b> and last saw her alive on <b>June 20 1959</b> Death occurred at <b>11:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Oliver P. Duffy MD</b> (Degree or title)	22b. ADDRESS <b>Trenton, Mo</b>	22c. DATE SIGNED <b>June 22 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>June 23 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BRUNSWICK Cemetery</b>	23d. LOCATION (City, town, county) (State) <b>BRUNSWICK MO.</b>
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24. FUNERAL DIRECTOR <b>J. Gordon Blackburn</b> Address <b>Trenton Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6/23/59</b>	26. REGISTRAR'S SIGNATURE <b>Dorene Fair</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUL 14 1968

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 *Claude H. ...*

Licensed Embalmer No. *4986*

P. O. Address *Trenton, N.J.*

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.