

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 241

FILED AUG 6 1962

VS 300
Rev. 4/59

10017
21050
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4 0
5 1
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7 0
8 2
9 153.0F
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11
12 2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Adair County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 3 months	c. CITY OR TOWN Osgood Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) RFD Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last John P. Molloy			4. DATE OF DEATH Month Day Year 7-29-1962	
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5. SEX Male	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 11-14-1901	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR 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 country) Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Jeff Molloy	13b. MOTHER'S MAIDEN NAME Mary Hayes	14. NAME OF HUSBAND OR WIFE Imogene Hess Molloy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Imogene Molloy, Osgood, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic CARCINOMA to skull + brain		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ADENOCARCINOMA OF CECUM	
	DUE TO (c) (Partial colectomy 5-17-62)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Commented Fracture L. femur (2-24-62)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 KIRKSVILLE, Mo	COUNTY SULLIVAN	STATE MO.
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21. I attended the deceased from 5-1-62 to 7-29-62 and last saw him alive on 7-29-62 Death occurred at 10:07 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Emil Laughlin, M.D.	22b. ADDRESS KIRKSVILLE, Mo	22c. DATE SIGNED 7-30-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery	23d. LOCATION (City, town, or county) Osgood, Mo.
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24. FUNERAL DIRECTOR ADDRESS W. K. Jackson Dee Riley Funeral Home, Inc.	25. DATE RECD. BY LOCAL REG. July 3, 1962	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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415 N. Franklin - Kirksville, Mo. (Licensed Embalmer - Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued July 29, 1962

EARL LAUGHLIN, JR. D.O.

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 W.K. Jackson

Licensed Embalmer No. 3954

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.