MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037489
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 342

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
2 0980
3 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in lb 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Schuyler
c. CITY OR TOWN Greentop
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Rural (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ina Middle Mabel Last Mollick

4. DATE OF DEATH Month October Day 31 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH June 12, 1890
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Clark County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles F. Boon
13b. MOTHER'S MAIDEN NAME Emma Clearwater, Boon
14. NAME OF HUSBAND OR WIFE Herman H. Mollick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Charles Mollick Address Greentop, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary failure	20 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Toxemia	4 to 5 days
DUE TO (c)	Carcinomatosis of the abdominal viscera	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October, 1958, to 10/31/62 and last saw her/him alive on October 25, 1962
Death occurred at 11:28 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack A. Ainter M.D. (Degree or title)
22b. ADDRESS Kirksville Mo.
22c. DATE SIGNED 11-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-3-62
23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery
23d. LOCATION (City, town, or county) (State) Greentop, Missouri

24. FUNERAL DIRECTOR Lee Riley Funeral Home, Inc. ADDRESS 415 North Franklin Kirksville, Missouri
W K Jackson
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG. 11-6-1962
26. REGISTRAR'S SIGNATURE Nora W. Ratliff

Permit issued Nov 3, 1962

JACK A. AUXTER, D.O.

JAN 24 1963

JAN 3 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 Wm H Jackman

Licensed Embalmer No. 3954

P. O. Address Kensington Md

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.