

FILED OCT 2 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER  
68 0036583

## CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 220VS 300  
Rev. 1/68

|  |  |  |   |   |  |   |
|--|--|--|---|---|--|---|
| DECEASED—NAME FIRST MIDDLE LAST  |  |  | SEX   | DATE OF DEATH (MONTH, DAY, YEAR)  |  |   |
| 1. <u>James Alexander Molder</u>   |  |  | <u>male</u>   | <u>September 24, 1968</u>   |  |   |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR<br>MO. DAYS  | UNDER 1 DAY<br>HOURS MIN.   | DATE OF BIRTH (MONTH, DAY, YEAR)       |   |
| <u>white</u>   |  | <u>80</u>  |   |   | <u>MARCH 16, 1888</u>                  |   |
| CITY, TOWN, OR LOCATION OF DEATH   |  |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN U.S., GIVE STREET AND NUMBER) |   |  |   |
| <u>Clinton</u>   |  |  | <u>Wetzel Osteopathic Hospital</u>  |   |  |   |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)   |  | SURVIVING SPOUSE (IF WIFE, GIVE MAID NAME)                                |
| <u>Missouri</u>  |  | <u>USA</u>   |   | <u>MARRIED</u>  |  | <u>Mollie E. Molder</u>   |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |   | KIND OF BUSINESS OR INDUSTRY  |  |   |
| <u>YES-UNAVAILABLE</u>   |  | <u>FARMER</u>  |   | <u>Agriculture</u>  |  |   |
| RESIDENCE—STATE  |  | COUNTY   | CITY, TOWN, OR LOCATION   |   | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER   |
| <u>Mo.</u>   |  | <u>POIK</u>  | <u>DUNNEGAN</u>   |   | <u>YES</u>                             |   |
| FATHER—NAME FIRST MIDDLE LAST  |  |  | MOTHER—MADEN NAME FIRST MIDDLE LAST   |   |  |   |
| <u>Billy — Molder</u>  |  |  | <u>Ann — Reed</u>   |   |  |   |
| INFORMANT—NAME   |  |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)            |   |  |   |
| <u>Mollie E. Molder</u>  |  |  | <u>DUNNEGAN, MO</u>   |   |  |   |
| PART I. DEATH WAS CAUSED BY:   |  |  | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]                       |   |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                              |
| IMMEDIATE CAUSE  |  |  |   |   |  |   |
| (a) <u>medullary tubercle</u>  |  |  |   |   |  | <u>menstrin</u>   |
| BUT TO, OR AS A CONSEQUENCE OF:  |  |  |   |   |  |   |
| (b) <u>pulmonary edema</u>   |  |  |   |   |  | <u>2-hr.</u>  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |   |   |  |   |
| (c) <u>respiratory insufficiency</u>   |  |  |   |   |  |   |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (OL), STATING THE UNDERLYING CAUSE LAST   |  |  |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)   |  |  | AUTOPSY (YES OR NO)   |   |  | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO) |
| <u>pulmonary emphysema</u>   |  |  | <u>NO</u>   |   |  |   |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   |  | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR  | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B.)                             |  |   |
|  |  |  |   |   |  |   |
| INJURY AT WORK (SPECIFY YES OR NO)   |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)           | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                        |   |  |   |
|  |  |  |   |   |  |   |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM  |  | MONTH DAY YEAR   | TO  | MONTH DAY YEAR  | AND LAST SAW HIM/HER ALIVE ON          | I DID/DID NOT VIEW THE BODY AFTER DEATH.                                  |
|  |  | <u>3/5/68</u>  | <u>9/24/68</u>  | <u>9/24/68</u>  | <u>9/24/68</u>                         | <u>NO</u>   |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  | HOUR OF DEATH  | THE DECEASED WAS PRONOUNCED DEAD  | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |  |   |
|  |  |  | <u>9/24/68</u>  | <u>8:00 A.M.</u>  |  |   |
| CERTIFIER—NAME (TYPE OF PRINT)   |  | SIGNATURE  |   | MOORE OR TITLE  | DATE SIGNED (MONTH, DAY, YEAR)         |   |
| <u>James C. Clouse</u>   |  | <u>James C. Clouse</u>   |   |   | <u>9/24/68</u>                         |   |
| MAILING ADDRESS—CERTIFIER  |  | STREET OR R.F.D. NO.   |   | CITY OR TOWN  | STATE                                  | ZIP   |
| <u>105 E. Ohio St.</u>   |  | <u>Clinton</u>   |   | <u>Mo</u>   | <u>6428T</u>                           |   |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |  | CEMETERY OR CREMATORY—NAME   |   | LOCATION  | CITY OR TOWN                           | STATE   |
| <u>Burial</u>  |  | <u>Alder Cemetery</u>  |   | <u>Cedar County, Mo.</u>  |  |   |
| DATE (MONTH, DAY, YEAR)  |  | FUNERAL HOME—NAME AND ADDRESS  |   | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP  |  |   |
| <u>Sept. 26, 1968</u>  |  | <u>Pitts Funeral Home 316 E. Broadway</u>  |   | <u>Bolivar, Mo 65603</u>  |  |   |
| FUNERAL DIRECTOR—SIGNATURE   |  | REGISTRAR—SIGNATURE  |   | DATE RECEIVED BY LOCAL REGISTRAR  |  |   |
| <u>Edna J. Pitts</u>   |  | <u>Mildred Bigum</u>   |   | <u>9-26-68</u>  |  |   |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0840

CAUSE

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

CERTIFIER

BURIAL

DO NOT WRITE  
ON THIS STUB

9. 0

10a. 80

10b. 4.0425

11. 02

12. 1

13. 4109

14. 4

15. 4

16. 0840

17. 2

18. 2

19. CREDITS

20. 1-0

THE STATE BOARD OF HEALTH

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 Kenneth W. Murray

Licensed Embalmer No. 5432

P. O. Address Bolivar, 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.

Examined  
Subscribed  
/ 11 /  
F  
C  
111