

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

13518

Do not use this space.

**MAY 11 1943**

**1. PLACE OF DEATH**  
 (a) County..... Adair Registration District No. 1  
 (b) Township..... 3000 Primary Registration District No. 3000 Registered No. 89  
 (c) City..... Kirksville, Mo. Street No. St. Charles Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Osel Thompson Mullins  
 (a) Residence, No. \_\_\_\_\_ St.  Downing, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** 1 m  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Margaret Mullens  
 (OR) WIFE OF \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 13 1859  
**7. AGE**  
 YEARS 83 MONTHS 7 DAYS 13  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as saw mill, bank, etc.** Retail Farmer  
**10. Date deceased last worked at this occupation (month and year)** \_\_\_\_\_ **11. Total time (years) spent in this occupation** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Scotland Co Mo.

**13. NAME** Flower Mullens

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ky.

**15. MAIDEN NAME** Thirise Mullens

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ky.

**17. INFORMANT (ADDRESS)** Margaret Mullens Downing, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Downing DATE April 4, 1943

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Loyd Moore Downing, Mo.

**20. FILED** 4/6/43, 19 Mrs. J. A. Wagner  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 1, 1943  
**22. I HEREBY CERTIFY**, That I attended deceased from March 3, 1943, to April 1, 1943  
 I last saw him alive on April 1, 1943 Death is said to have occurred on the date stated above, at 9:25 AM  
 The principal cause of death and related causes of importance were as follows:

Shock resulting from fracture right humerus  
Semility  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_ OP  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** no  
 If so, specify \_\_\_\_\_ (Signed) R. O. Stickler, M. D.  
 (Address) Kirksville, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 17 1948

RECEIVED

District Health Officer No. 10

District File Number 5-43-803

Date Filed MAY 10 1943

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 me

Registered Apprentice No. ....

working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 315-1

P. O. Address 19 Downing St

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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13518  
Registrar's No. 89

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

- (a) County Adair
- (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: Stickler Hosp.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Udel P. Mullens

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 13 - 1873  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days..... If less than one day..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER, FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Data received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Schuyler
- (c) City or town Dawning  
(If outside city or town limits, write "RURAL")
- (d) Street No..... (If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 19 Year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... live on..... 19.....; and that death occurred on the date and hour stated above. (Immediate cause of death)

Due to Shock resulting from fracture right humerus

Due to..... Other conditions (Include pregnancy within 3 months of death) 1800

Major findings: Of operations..... Of autopsy..... PHYSICIAN 39  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Mar. 30 - 1943  
(c) Where did injury occur Dawning (City or town) (County) (State) no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home

While at work? no (Specify type of place) (e) Means of injury fell walk

23. Signature R. O. Stickler (M. D. or other) M.D.  
Address Kirksville no Date signed.....

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

SUPPLEMENTARY

