

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28057

State File No. _____

FILED SEP 13 1948

Registrar's No. 7624

Registration District No. 318

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, give street number and name)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Omaha 0
(If outside city or town limits, write "RURAL")

(d) Street No. NR. (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ORVAL LEO MULLINS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Sunday
year 1948 hour 5 pm minute 29 P.M.

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Letha Mullins

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: February 1 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/26/48, 19, to 8/29/48, 19, that I last saw him alive on 8/29/48 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Respiratory failure

Due to meningitis 6 days

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

10. Usual occupation Farmer

Due to _____

Other conditions metastasis
(Include pregnancy within 3 months of death)

11. Industry or business Farming

12. Name Elmer Mullins

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

14. Maiden name Maggie Durbin

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

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Hobart Mullins

(b) Address Omaha, Missouri

17. (a) Burial (b) Date thereof 9/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Missouri

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 30 1948 (b) J. F. Bradbeck
(Date signed and registered) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 8/30/48

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

MOTHER FATHER

SEP 21 1948

SEP 13 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Elmer K. Cadwell

Licensed Embalmer No..... 4077

P. O. Address.....

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, fact should be so stated above.