

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>1604 South Lamine</b>		d. STREET ADDRESS (If rural, give location) <b>1604 South Lamine</b>	

3. NAME OF DECEASED (Type or Print) <b>SALLIE ELLEN MULLINEAUX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4, 1949</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 11, 1875</b>	9. AGE (In years last birthday) (Months) (Days) <b>73 3 23</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (State or foreign country) <b>Morgan County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mark Stephenson</b>		13b. MOTHER'S MAIDEN NAME <b>Alabama Frazier</b>		14. NAME OF HUSBAND OR WIFE <b>Edward T. Mullineaux</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Effie Guymon, 1604 S. Lamine</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis &amp; myocardial degeneration</b> ANTECEDENT CAUSES <b>myocardial degeneration</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>472</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 2/3 yrs</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5-6, 1949, to 1-4, 1949, that I last saw the deceased alive on 1-4, 1949, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. E. Best, M.D.</b>		23b. ADDRESS <b>Sedalia Mo.</b>		23c. DATE SIGNED <b>1-5-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/6/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Lick Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>	
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DATE REC'D BY LOCAL REG <b>1-5-49</b>		REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Ewing</b>		ADDRESS <b>Sedalia, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

80  
1/6/49

RECEIVED

District Health Officer

District File Number

Date Filed 1-20-19

Dr. Boss

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

Richard D. Conn

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn Student Embalmer

Signed Anne Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.