

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8177
Registrar's No. 72

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osceola General Hospital		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) Marion		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16 19 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6 1872
9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME Cris Mulkey		14. NAME OF HUSBAND OR WIFE Sallie Mulkey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lard Mulkey Osceola Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis, Acute		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		5907	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5 Feb, 1948, to 16 Feb, 1948, that I last saw the deceased alive on 16 Feb, 1948, and that death occurred at 5:45 P.M. from the causes and on the date stated above.			
23a. SIGNATURE W. A. Cappelton		23b. ADDRESS 211 Cappelton City	
23c. DATE SIGNED 2 Mar '48			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20-49	
24c. NAME OF CEMETERY OR CREMATORY Harper Cemetery		24d. LOCATION (City, town, or county) (State) Hickory County Mo.	
DATE REC'D BY LOCAL REG. Mar-15		REGISTRAR'S SIGNATURE Florence Adams	
25. FUNERAL DIRECTOR'S SIGNATURE J. B. Goodrich		ADDRESS Osceola Mo	

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

RECEIVED

District Health Officer No. 7

District File Number 2-49-267

Date Filed 3-21-49

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
Student Embalmer

Signed J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.