

No. 300
10.48

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12148

State File No.

4100

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

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>5495</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trailcreek Twp.</u>		c. LENGTH OF STAY (in this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trailcreek Twp. Harrison Co.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>5 miles South of Cainsville, Mo.</u>					
3. NAME OF DECEASED a. (First) <u>James</u>			b. (Middle) <u>William</u>		c. (Last) <u>Mullins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 19 1878</u>		9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Marshall Mullins</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Bussell</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Evalin Mullins</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Mullins</u>		ADDRESS <u>Ridgeway, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				DUE TO (b) <u>Cerebral hemorrhage - 4-3-1948</u>				<u>6 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>0317</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>April 4, 1948</u> , to <u>Mar 18, 1949</u> , that I last saw the deceased alive on <u>Mar-18, 1949</u> , and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Alfred C. Taff</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Cainsville, Missouri</u>		23c. DATE SIGNED <u>Mar. 19 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>April-11-1949</u>		REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by W/S Taff

Winifred S. Taff

Student Embalmer No. 239

working under my personal supervision.

Student Winifred S. Taff
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.