

FILED APR 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13535

No. 300
 10-48
 94
 3
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> (57)			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> TOWN <u>RURAL</u> St. Francois		c. LENGTH OF STAY (in this place) <u>11 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>McNULTY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 8, 1873</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired glass factory worker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>DeSoto, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles McNulty</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Brooks</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Bunch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, 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>Acute Coronary Thrombosis</u>					<u>24 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V.R. Disease</u> <u>years</u>					
		DUE TO (c) <u>Psychosis with Cerebral arteriosclerosis</u>					<u>years</u>
		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 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) 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 <u>April 5, 1949</u> , to <u>April 8, 1949</u> , that I last saw the deceased alive on <u>April 8, 1949</u> , and that death occurred at <u>11:55A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. Brenna M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>4-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Riddley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gentry R. Politte, Crystal City, Missouri</u>			

RECEIVED

District Health Officer No. 4

District File Number 449-56

Date Filed 4-28-49

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. 245

working under my personal supervision.

Student Ferd Lang.....
Student Embalmer

Signed Georg C. Pollette

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.