

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29783

BIRTH NO. 102655-49 REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5403 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clinton Twp.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Twp.</u>	<u>34</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>8 miles south of Cabool</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Jimmy</u>	b. (Middle)	c. (Last) <u>Mullanack</u>	<u>Sept 2 1949</u>		
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 2 - 1949</u>		9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Morgan Mullanack</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Barney</u>		14. NAME OF HUSBAND OR WIFE <u>South Sta. Rd</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Morgan Mullanack</u> ADDRESS <u>Cabool 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
	ANTECEDENT CAUSES Morbidity 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.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION			

19b. MAJOR FINDINGS OF OPERATION		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 Sept 2, 1949, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harriet Long Brown</u> (Degree or title)		23b. ADDRESS <u>Cabool Mo</u>		23c. DATE SIGNED <u>Sept 3/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 3 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Ararat</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 21 - 49</u>		REGISTRAR'S SIGNATURE <u>Ustul Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grayford V. Elliott</u> ADDRESS <u>Cabool Mo.</u>	
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RECEIVED SEP 28 1949  
District Health Office No. 3,  
District File Number 1049-1075  
Date Filed 10-10-49

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 \_\_\_\_\_

*not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Gaylord V. Elliott*

Licensed Embalmer No. 2252

P. O. Address Cabool m

Signed \_\_\_\_\_  
Student Embalmer

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.