V.S. No. 300
Rev. 10.48

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40512

BIRTH NO. _____ REG. DIST. NO. 600 PRIMARY REG. DIST. NO. 5235 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, S. Benton
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles W. Jerico Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, S. Benton
d. STREET ADDRESS (If rural, give location): 2 Miles W. Jerico Springs

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): H.
c. (Last): Mullen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 29, 1871
9. AGE (In years last birthday): 78 — If under 1 year: Months 5, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wakesha County, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Mullen
13b. MOTHER'S MAIDEN NAME: Ann Pecknm
14. NAME OF HUSBAND OR WIFE: Ruth Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spaish- American
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruth Mullen, Jerico Springs, Mo.

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to* 11-4-, 1949, *that I last saw the deceased alive on* 11-4-, 1949, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. B. Richter M.D.
23b. ADDRESS: Stockton, Mo
23c. DATE SIGNED: 11.11.49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 12, 1949
24c. NAME OF CEMETERY OR CREMATORY: Lakeside Cemetery
24d. LOCATION (City, town, or county) (State): Pekin, Ill.

DATE REC'D BY LOCAL REG.: 12-30-49
REGISTRAR'S SIGNATURE: Mrs Velma Eller 383
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: John E. Cantlon, Stockton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1950

RECEIVED
District Health Officer No. 7
District File Number 12-49-156
Date Filed 1-9-50

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 John G. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.