

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8886

State File No. 1062

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 310</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3939 WYOMING ST.</u>				d. STREET ADDRESS (If rural, give location) <u>3939 WYOMING STREET</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>LOGAN</u>		c. (Last) <u>MULLINS SR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-5-1950</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>DEC-23-1887</u>	9. AGE (In years) (last birthday) <u>62 YRS.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>Saline Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES DAVID MULLINS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN S. WILSON</u>		14. NAME OF HUSBAND OR WIFE <u>HAZEL P. 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>NOTE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS HAZEL P. MULLINS 3939 Wyoming Kansas City</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension myocarditis</u> ANTECEDENT CAUSES <u>Chr. Vasculopathy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Diabetes</u> 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. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>44</u>				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) (Min)		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)				23b. ADDRESS <u>St Joseph Hospital 6th St</u>		23c. DATE SIGNED <u>6 Mar 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-7-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. H. Newcomer 1331-BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *D. J. Nofsinger* _____

Licensed Embalmer No. *3938* _____

P. O. Address *Kansas 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.