

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17774

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 40

0830

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Platte</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO.</i> b. COUNTY <i>Platte</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural. RFD. 4. Pottawatomie</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural. RFD. 4. 0830</i> | |
| c. LENGTH OF STAY (in this place) <i>6 weeks</i> | | d. STREET ADDRESS (If rural, give location) <i>Weatherby Lake, Parkville</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Weatherby Lake, Parkville</i> | | | |

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|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Janice</i> b. (Middle) <i>Irene</i> c. (Last) <i>Mulvanian</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>May 14 1950</i> | | |
| 5. SEX <i>Female</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i> | |
| 8. DATE OF BIRTH <i>Dec. 16 1944</i> | | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>5 4 28</i> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child at home</i> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Child</i> | | 11. BIRTHPLACE (State or foreign country) <i>Lower Mo. Buchanan</i> | |
| 12. CITIZEN OF WHAT COUNTRY? | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <i>Richard L. Mulvanian</i> | | 13b. MOTHER'S MAIDEN NAME <i>Dorrie C. Gibson</i> | | 14. NAME OF HUSBAND OR WIFE <i>none</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>no</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Doris Welsh, Parkville, Mo</i> | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Drowning</i> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | <i>Boat overloaded, and</i> | |
| | | DUE TO (b) <i>overturned when turning</i> | | <i>E 850</i> | |
| | | DUE TO (c) <i>around in Weatherby Lake</i> | | <i>420</i> | |
| 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 <i>083</i> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, shopping place, etc.) <i>Weatherby Lake</i> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Parkville RFD. Platte Mo.</i> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 14 1950 5:15 a.m.</i> | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *5:15 P.m.*, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>TOM H. Nulett, Coroner</i> | | | 23b. ADDRESS <i>Platte City Mo</i> | | | 23c. DATE SIGNED <i>5-14-50</i> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 24b. DATE <i>May 15</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>Plattsburg Mo.</i> | | |
| DATE REC'D BY LOCAL REG. <i>May 16 1950</i> | | REGISTRAR'S SIGNATURE <i>B. Phia Pollins</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Lyon's Funeral Home</i> | | ADDRESS <i>Plattsburg Mo</i> | | |

