

M. W. Wondell
FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17809

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 26

0860

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

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) MARTINSTOWN		c. CITY (If outside corporate limits, write RURAL and give township) MARTINSTOWN 0860	
c. LENGTH OF STAY (In this place) 7 YEARS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH	b. (Middle) ELIZABETH	c. (Last) MULLENIX	4. DATE OF DEATH (Month) (Day) (Year) MAY 26, 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH DECEMBER 28, 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Month: 4 Days: 28	IF UNDER 1 HRS. Hours: _____ Mins: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY SON'S HOME	11. BIRTHPLACE (State or foreign country) VAN BUREN COUNTY, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN WESLEY WOOD	13b. MOTHER'S MAIDEN NAME REBECCA JETT	14. NAME OF HUSBAND OR WIFE JAMES ISAAC MULLENIX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME C. E. Muller	ADDRESS MARTINSTOWN, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Chronic myocarditis	
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		4201	

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 May 21, 1950 to May 26, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 4:20 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE P. W. Wondell (Degree or title) D. P.	23b. ADDRESS Unionville, Mo.	23c. DATE SIGNED 5-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 28, 1950	24c. NAME OF CEMETERY OR CREMATORY ROSE CEMETERY
24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY, MISSOURI		

DATE REC'D BY LOCAL REG. 6-3-1950	REGISTRAR'S SIGNATURE Marshall Durbin	25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME	ADDRESS UNIONVILLE, MO.
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RECEIVED JUN 5 1950
District Health Officer No. _____
District File Number 6-50- _____
Date Filed _____

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 Richard P. Casady

Licensed Embalmer No. 4617

P. O. Address Unionville N.C.

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.