

FILED OCT 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. **33016**

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

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLINTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON 0251			
d. FULL NAME OF HOSPITAL OR INSTITUTION West Prospect				d. STREET ADDRESS (If rural, give location) 601 West Prospect			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) FRANK		c. (Last) MULLIN	
4. DATE OF DEATH (Month) (Day) (Year) 10-18-50		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 10-1871		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. LEVER'S NAME Levi MULLIN		13b. MOTHER'S MAIDEN NAME Margaret		14. NAME OF HUSBAND OR WIFE Margaret Mullin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Bessie Thomas Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns - 3rd degree				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				8/16/50	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				8/10	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) field near home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cameron Clinton Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-18-50 2:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR was burning grass weeds, became surrounded by fire & burned to death			
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 2:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank M. Moser MD				23b. ADDRESS Cameron Mo		23c. DATE SIGNED 10-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-20-50		24c. NAME OF CEMETERY OR CREMATORY Winston		24d. LOCATION (City, town, or county) (State) Winston Mo	
DATE REC'D BY LOCAL REG. 10-19-50		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Ed and Fannie Home Cameron Mo		ADDRESS	



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

Robert H. Galand

Licensed Embalmer No.

4777
222 west 3rd st

P. O. Address

Cameron 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.