

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15442

FILED MAY 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norwood, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norwood, Missouri</b> <b>1140</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>LEWIS</b>	b. (Middle) <b>DAVID</b>	c. (Last) <b>MULLINS</b>	(Month) <b>March</b>	(Day) <b>29</b>	(Year) <b>1951</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1871</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>22</b>	IF UNDER 24 HRS. Hours <b>1</b>	IF UNDER 24 HRS. Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>TENNESSEE</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John W. Mullins</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Richardson</b>	14. NAME OF HUSBAND OR WIFE <b>Mackie Sells</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. L. D. Mullins</b>	ADDRESS <b>Norwood, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 29 March, 1951, to 29 March, 1951, that I last saw the deceased alive on 29 March, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Conner</b>	(Degree or title) <b>MD.</b>	23b. ADDRESS <b>Mtn. Grove, Missouri</b>	23c. DATE SIGNED <b>4/2/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/1/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Moffett Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Willow Springs, RR Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-4-51</b>	REGISTRAR'S SIGNATURE <b>Miss L. D. Mullins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Burns Funeral Home</b>	ADDRESS <b>Willow Springs,</b>
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WRIGHT CO. HEALTH DEPT.  
County File Number 5571-56  
Date Filed 5-12-51

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.....

John R. Usrey

working under my personal supervision.

Student Embalmer No. 426

Fred W. Barnes

Signed Fred W. Barnes

Signed John R. Usrey  
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.