

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16359

BIRTH NO. <u>43625-51</u> REG. DIST. NO. <u>141</u> PRIMARY REG. DIST. NO. <u>3025</u> Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY <u>Hawell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Hawell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wallow Springs, Mo. R.R.</u>	d. STREET ADDRESS (If rural, give location) <u>0460</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shall Surgical Hospital</u>		3. NAME OF DECEASED a. (First) <u>Cornie</u> b. (Middle) <u>Kathleen</u> c. (Last) <u>Mullins</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>5/2/51</u>
9. AGE (In years last birthday) <u>11</u>	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>EDGAR FRANKLIN MULLINS</u>		13b. MOTHER'S MAIDEN NAME <u>LILA OLEAN SMITH</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.F. MULLINS - WEST PLAINS, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		(MEDICAL CERTIFICATION) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 26 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Marginal Placenta</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>774X</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)
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 <u>5-2-51</u> , 19 <u>51</u> , to <u>5-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>51</u> , and that death occurred at <u>6:42</u> m., from the causes and on the date stated above.
23a. SIGNATURE <u>J.B. Stoll M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>5/5/51</u>
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>5/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hawell County Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-16-51</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Collins, Wallow Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 21 1954

Dist. File 357-91141

Date Filed 5-22-54

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.