

FILED AUG 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26453

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>220</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>0264</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>				c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>219 East Capitol Ave</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dillard</u> b. (Middle) <u>Bradford</u> c. (Last) <u>McMullin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug.</u> <u>22</u> <u>51</u>					
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-30-1887</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>9</u> Days _____		IF UNDER 1 HR. Hours <u>23</u> Min. <u>6</u>		IF UNDER 1 MIN. <u>30 P.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printing</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mid State</u>			11. BIRTHPLACE (State or foreign country) <u>Unknown</u> <u>9</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Dillard McMullin</u>		13b. MOTHER'S MAIDEN NAME <u>Connie xxx</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-09-5463</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stephen Shockley</u> ADDRESS <u>109 Jackson J.C.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Banti Syndrome</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> 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 <u>7-30-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Splenomegaly</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>July 5</u> , 19 <u>51</u> , to <u>8-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-22</u> , 19 <u>51</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John J. Matthews, MD</u> (Degree or title)				23b. ADDRESS <u>425 Madison Jefferson City</u>		23c. DATE SIGNED <u>8-25-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 25-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-PhD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-27-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. _____

3701

P. O. Address _____

Jefferson City

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.