

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27911

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Putnam 0860
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Worthington
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Putnam
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Worthington, Mo. 0860
d. STREET ADDRESS (If rural, give location) city 0

3. NAME OF DECEASED (Type or Print)
a. (First) Dock b. (Middle) --- c. (Last) Mulanix
4. DATE OF DEATH (Month) (Day) (Year) Aug. 9 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH Sept. 12, 1871 9. AGE (In years last birthday) 79 10. MONTHS 10 11. DAYS 27 12. IF UNDER 1 YEAR Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY self 11. BIRTHPLACE (State or foreign country) Putnam 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Mulanix 13b. MOTHER'S MAIDEN NAME Martha Raugh 14. NAME OF HUSBAND OR WIFE Nancy J. Mulanix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) MO 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ovid Mulanix, Worthington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis
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 NO

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

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 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas Fowler Combs (Name or title) 23b. ADDRESS Unionville, Mo. 23c. DATE SIGNED 8-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) B 24b. DATE Aug. 11, 1951 24c. NAME OF CEMETERY OR CREMATORY Pleasant Home Cem 24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.

DATE REC'D BY LOCAL REG. 8-16-51 REGISTRAR'S SIGNATURE Marvella Durbin 266 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husted & Sons Unionville, Mo.

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

Date Received: **AUG 22 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1497*
Date Filed: **AUG 22 1951**

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.....

F. C. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. *2975*

P. O. Address *Unionville*

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.