No. 300
10.48

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

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30340

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3781

1. PLACE OF DEATH
a. COUNTY Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 0
d. STREET ADDRESS (If rural, give location) 1018 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Marion
c. (Last) Mc Mullin

4. DATE OF DEATH (Month) (Day) (Year) August 31, 1951

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Nov. 29, 1885

9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY City Ice Co.

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Mc Mullin

13b. MOTHER'S MAIDEN NAME Lucy Conyers

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-12-6357

17. INFORMANT'S SIGNATURE OR NAME Ruth Barnes — ADDRESS N. K. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2-13-46 8-31-51

II. ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) carcinoma prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* pulmonary oedema

19a. DATE OF OPERATION 7-2-48

19b. MAJOR FINDINGS OF OPERATION enlared prostate

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* 7-2, *19*51, *to* 8-31, *19*51, *that I last saw the deceased alive on* 8-31, *19*51, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Lee Hoffman MD (Degree or Title)

23b. ADDRESS 1019 Prof. Bldg.

23c. DATE SIGNED 9-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 9-4-51

24c. NAME OF CEMETERY OR CREMATORY Rife Cem.

24d. LOCATION (City, town, or county) (State) Orrick, Mo.

DATE REC'D BY LOCAL REG. 9-4-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home — ADDRESS N. K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING I

etc. It means the disease, injury, or complication which caused death.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Oedema

9-7-51

19a. DATE OF OPERATION: 7-2-48

19b. MAJOR FINDINGS OF OPERATION: Enlarged Prostate

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Hoffman M.D.

23b. ADDRESS: 1019 Prof Bldg.

23c. DATE SIGNED: 9/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4 Sept. 1951

24c. NAME OF CEMETERY OR CREMATORY: Rife Cemetery

24d. LOCATION (City, town, or county): Orrick (State): Mo.

DATE REC'D BY LOCAL REG.: 9-4-51

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: W Morton Funeral Home NKC

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4856

P. O. Address Morth KC M

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.