

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30878**

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5790** Registrar's No. **56**

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Wolf Island Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Wolf Island Twp.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7 mi. E. of East Prairie	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 mi. E. of East Prairie			

3. NAME OF DECEASED (Type or Print) a. (First) GV	b. (Middle)	c. (Last) MULHERREN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1951
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 15, 1883	9. AGE (In years) (Months) (Days) (Hours) (Min.) 68 6 6	10. UNDER 1 YEAR 6	11. UNDER 12 HRS. 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Dyersburg, Tenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Tom Mulherren	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) unk.	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Mary Lou Mulherren - East Prairie, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung.		INTERVAL BETWEEN ONSET AND DEATH
	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 16.3x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Oct. 13, 1950**, to **Aug 12, 1951**, that I last saw the deceased alive on **Aug 12, 1951**, and that death occurred at **12:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Mulholland M.D.	(Degree or title)	23b. ADDRESS East Prairie, Mo.	23c. DATE SIGNED 9-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 23, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 9-24-51	REGISTRAR'S SIGNATURE Bertoude S. Harper	25. FUNERAL DIRECTOR'S SIGNATURE Ernest Helby	ADDRESS East Prairie
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RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed SEP 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prance, 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.