

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38140**

State File No. ....

No. 300  
10.48

**FILED NOV 17 1951**

BIRTH NO. ....		REG. DIST. NO. <u>210</u>	PRIMARY REG. DIST. NO. <u>5769</u>	Registrar's No. <u>80</u>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Mercer</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lindley Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lindley Twp. Mercer Co.</u>		
c. LENGTH OF STAY (in this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles N. E. of Cainsville, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7 Miles N. E. of Cainsville,</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles N. E. of Cainsville, Mo.</u>		
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <u>Jennie</u> b. (Middle) <u>Irene</u> c. (Last) <u>Mullins</u>			<b>November 2 1951</b>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>August 11 1895</u>	<b>9. AGE</b> (In years last birthday) <u>56</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
<b>13a. FATHER'S NAME</b> <u>Jacob L. Hart</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Cora Cox</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Theo Mullins</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Theo Mullins</u> <b>ADDRESS</b> <u>RFD Cainsville, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		
<p><i>*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></p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Coronary Thrombosis</u>		
		<b>ANTECEDENT CAUSES</b>		
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>		
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>		
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4201</u>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct 1st, 1951</u> , to <u>Nov 22, 1951</u> , that I last saw the deceased alive on <u>Oct 24th, 1951</u> , and that death occurred at <u>5:45 P. M.</u> , from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> (Degree or title) <u>Oliver F. Duffey M.D.</u>		<b>23b. ADDRESS</b> <u>Trenton, Missouri.</u>		<b>23c. DATE SIGNED</b> <u>Nov 5, 1951</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 6, 1951</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Freedom Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>RFD Princeton, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-8-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. EMBALMER'S SIGNATURE</b> <u>[Signature]</u> <b>ADDRESS</b> <u>Cainsville, Mo.</u>		

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



DEC 27 1954

**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, dr/ly

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.