

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 920

920

FILED JAN 14 1952

| | | | | | | | | |
|---|-------------------------------|--|---|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>27</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>1 yr 3 mo 17 da</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2259</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1535 Market St.</u> <u>1</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>MULLIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1952</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 16, 1892</u> | | 9. AGE (In years - last birthday) <u>59</u> If under 1 year: Months _____ Days _____ If under 2 wks: Hours _____ Mins _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>VARIED</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ireland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Ireland (?)</u> | | |
| 13a. FATHER'S NAME <u>Edward Mullin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret O'Donald</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, VAH., Springfield, Mo.</u> | | ADDRESS _____ | | |
| 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. | | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination secondary to penetration of liver.</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 <u>Pulm. Tuberculosis; bilateral cavitary. Nephrosis type undetermined.</u> | | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) <u>VA</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>914</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept. 23, 1950</u> , to <u>Jan. 10, 1952</u> , that his death was due to the disease <u>and that death occurred at 12:05 a.m., from the causes and on the date stated above.</u> | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u> | | | | 23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u> | | 23c. DATE SIGNED <u>Jan 10 1952</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 15, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-11-52</u> | | REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u> | | ADDRESS <u>Springfield, Mo.</u> | | |

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

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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 James W. Wain

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.