

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

FILED FEB 25 1952

State File No. **6177**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DESLODE, MO</u>	c. LENGTH OF STAY (in this place) <u>46 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DESLODE, MO.</u>	<u>0940</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>808 N MAINE</u>		d. STREET ADDRESS (If rural, give location) <u>808 N. MAINE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>MULL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 12, 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 18 1867</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 YEAR Days <u>24</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>CARE OF HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Co, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
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13a. FATHER'S NAME <u>John Wm BENSON</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BENSON</u>	14. NAME OF HUSBAND OR WIFE <u>WALTER MULL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. HARRY QUEEN</u>	ADDRESS <u>LEADWOOD, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Aford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis general</u> DUE TO (c) <u>bronchial asthma</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-52 to 2-12-52, that I last saw the deceased alive on 2-12-52, and that death occurred at 2406 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H C Geabe MD</u> (Degree or title)	23b. ADDRESS <u>Desloge Mo</u>	23c. DATE SIGNED <u>2-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 15, 1952</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. F. BOYET & Son</u>	ADDRESS <u>Desloge, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

J. T. Dyer

Licensed Embalmer No. *2460*

P. O. Address *Deale Md.*

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

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