

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19223

State File No.

FILED JUL 10 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 240

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1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u> <u>EX 60</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Worthington</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>2 day</u>		d. STREET ADDRESS (If rural, also location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. O. N. and Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) _____ c. (Last) <u>MULLANIX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>4</u> <u>52</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>June 22, 1875</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stahl Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edwin Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Everett Mullanix</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Beryl Mullanix Kesteven</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATE ON		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN</u> <u>20 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> 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 _____	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 7-2, 1952, to 7-4, 1952, that I last saw the deceased alive on 7-4, 1952, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. T. T. Lee DO 2</u>	23b. ADDRESS <u>Kirksville, MO</u>	23c. DATE SIGNED <u>7-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>7-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem. Adair Co. Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>7-7-52</u>	REGISTRAR'S SIGNATURE <u>W. L. Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Harris</u> ADDRESS <u>Kirksville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Robert B. Davis

Licensed Embalmer No.

4219

P. O. Address

Kingsville, 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.