

BIRTH NO. _____ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5372**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) Cuba "Rural" Benton		c. CITY (If outside corporate limits, write RURAL and give township) Cuba "Rural" Benton	
c. LENGTH OF STAY (In this place) 4 1/2		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Eunice b. (Middle) ANN c. (Last) MULLEN			4. DATE OF DEATH (Month) June (Day) 29 (Year) 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 27, 1973	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Cuba, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Lawrence Mullen		13b. MOTHER'S MAIDEN NAME Lucinda Ray		14. NAME OF HUSBAND OR WIFE Paul Mullen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Paul Mullen	
				ADDRESS Cuba, MO	

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 CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			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) Arteriosclerosis		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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **June 29, 1952** to **June 29, 1952**, that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **8:11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. G. G. A. Jerssoz M.D.		(Degree or title)		23b. ADDRESS Cuba, Mo.	
23c. DATE SIGNED July 1, 1952		24. LOCATION (City, town, or county) (State) Cuba MO			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE July 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Mulkey Cemetery	
DATE REC'D BY LOCAL REG. 7-1-1952		REGISTRAR'S SIGNATURE James O. Moore		25. FUNERAL DIRECTOR'S SIGNATURE Norman C. Hoener	
				ADDRESS Cuba, MO	

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

0280

JUL 8 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harmon G. Haener*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, 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.