S. No. 300
v. 10.48

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21526

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 43

0860

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Elm
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo.
b. COUNTY Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Elm 0860
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) Nuton c. (Last) Mulanix

4. DATE OF DEATH (Month) June (Day) 9 (Year) 1952

5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 1-24-1852
9. AGE (If years last birthday) 100 IF UNDER 1 YEAR Months 4 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY sell
11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Evans Mulanix
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Nancy Mulanix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Lenora Gurnie Mulanix 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Condition

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
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1952 *to* July 9, 1952 *that I last saw the deceased alive on* June 2, 1952 *and that death occurred at* 630 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr. R. Hart M.D. (Degree or title) 0
23b. ADDRESS Coatsville Mo
23c. DATE SIGNED June 9

24a. BURIAL, CREMATION, REMOVAL (Specify) B 0
24b. DATE 6-11-52
24c. NAME OF CEMETERY OR CREMATORY Rose Cem.
LOCATION (City, town, or county) Putnam Mo (State)

DATE REC'D BY LOCAL REG. 7-2-52
REGISTRAR'S SIGNATURE Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE F O Husted & Son ADDRESS Unionville

(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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.