

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 39825 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 9074 Registrar's No. 124

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston	
c. LENGTH OF STAY (in this place) 30 min.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Travis b. (Middle) Eugene c. (Last) Mullins		4. DATE OF DEATH (Month) (Day) (Year) June 15 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH June 15, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 30
11. BIRTHPLACE (State or foreign country) Sikeston, Mo.		12. CITIZEN OF WHAT COUNTRY? 208 A	

13a. FATHER'S NAME Carol Mullins		13b. MOTHER'S MAIDEN NAME Imogene Ruby Honey		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Imogene Ruby Mullins, Marston, Missouri	

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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pruritus</u>			?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina</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 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 6-15, 1952 to 6-15, 1952, that I last saw the deceased alive on 6-15, 1952, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Walters, M.D. (Name or title) 23b. ADDRESS Sikeston Mo 23c. DATE SIGNED 6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-15-52 24c. NAME OF CEMETERY OR CREMATORY New Madrides 24d. LOCATION (City, town, or county) (State) near Marston, Mo

DATE REC'D BY LOCAL REG. 6-15-52 REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429 25. FUNERAL DIRECTOR'S SIGNATURE Carrol Mullins & Co. Address Marston Mo

RECEIVED JUN 23 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-188

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

W. Emb Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.