

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27464

State File No.

FILED SEP 8 - 1952

REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5242 Registrar's No. 54

2210

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

1. PLACE OF DEATH a. COUNTY Chariton, Bee branch twp.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton.		
b. CITY OR TOWN Bee Branch, Rural		c. LENGTH OF STAY (in this place) 4 years	c. CITY OR TOWN Rural, Bee Branch		8210
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2			d. STREET ADDRESS (If rural, give location) Route 2		
3. NAME OF DECEASED (Type or Print) Dona	a. (First)	b. (Middle) Mae	c. (Last) Mullinix	4. DATE OF DEATH (Month) (Day) (Year) Aug 31, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 12, 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR 9 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Byrnsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	0
13a. FATHER'S NAME U. S. Teters		13b. MOTHER'S MAIDEN NAME Emma Susan Howard		14. NAME OF HUSBAND OR WIFE Luther J. Mullinix	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. [scribble]	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gene Allred Sunflower, Kansas		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 17mos.
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adneo Carcinoma of the stomach				
	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 Inanation and Debilitation				
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X				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) (Min)	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 7/7, 1951, to 8/29, 1952, that I last saw the deceased alive on 8/29, 1952, and that death occurred at 9:00pm., from the causes and on the date stated above.					
23a. SIGNATURE (Doctor or title) [Signature]		23b. ADDRESS Macon, Mo.		23c. DATE SIGNED 9/2/52	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Sept. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	24d. LOCATION (City, town, or county) (State) Near Lagonda, Mo.		
DATE REC'D BY LOCAL REG. 9-31-52	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin	ADDRESS Marceline, Mo	

NOV 2 1957

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 X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.