

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30625.

State File No. ....

FILED SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>321</u>	
1. PLACE OF DEATH a. COUNTY <u>Kirkville, Mo. Cedar Co.</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville, MO.</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladlata MO 6610</u> d. STREET ADDRESS <u>_____</u> (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William S. Mulherson</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17-1952</u>		5. SEX <u>M.</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 8. DATE OF BIRTH <u>9-17-57</u> 9. AGE (in years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u>_____</u> Min. <u>_____</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Mulherson</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Jane Mulherson</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel M. Egan</u> ADDRESS <u>Ladlata MO</u>			
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) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Senile Debility</u> 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 <u>Hypertensive Vascular Disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>1st Stage Auriculo Ventricular Heart Block</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>447 X</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____ m. 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 <u>May 31, 1952</u> to <u>Sept 17, 1952</u> , that I last saw the deceased alive on <u>Sept 17, 1952</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A.T. Rhoads D.O.</u> (Deputy or title)			23b. ADDRESS <u>Kirkville, MO</u>			23c. DATE SIGNED <u>9-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladlata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ladlata MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-23-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.S. Plunkett</u> ADDRESS <u>Ladlata MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

013  
0

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 D. S. Christie

Signed.....  
Student Embalmer

Licensed Embalmer No. 1109

P. O. Address La Plata 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.