

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1952

BIRTH NO. REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4268 Registrar's No.

540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mayview</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mayview Mo.</u>	
c. LENGTH OF STAY (In this place) <u>13 1/2</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> b. (Middle) <u>—</u> c. (Last) <u>M. Mullin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 26-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Tenant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>	11. BIRTHPLACE (State or foreign country) <u>Orrick Mo. 10</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Jasper M. Mullin</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline Vigiles</u>	14. NAME OF HUSBAND OR WIFE <u>Leva M. Mullin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-16-1847</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Luther J. Carl</u>	ADDRESS <u>Mayview Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EXAMINER'S SIGNATURE</u>		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) <u>arteriosclerosis</u>		
	DUE TO (c) <u>Demility</u>		
11. 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 <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Orrick Lafayette Mo</u>
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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
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22. I hereby certify that I attended the deceased from 10/21/52, 1952, to 10/20/52, 1952, that I last saw the deceased alive on 10/20/52, 1952, and that death occurred at 4 P.M. on 10/21/52, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Mayview Mo</u>	23c. DATE SIGNED <u>10/22/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Mayview Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/22/52</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	453	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Orrick Mo.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Carlton R. Blinn*.....

Licensed Embalmer No. *2945*.....

P. O. Address *Oliver 76*.....

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.