

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44991

State File No. 11857

FILED JAN 26 1953

318

1003

Registrar's No. 11857

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kentucky</u> b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Pryersburg</u> | | 8160 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>La Donna</u> | | b. (Middle) <u>Carol</u> | | c. (Last) <u>Mullins</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 52</u> | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Nov. 8, 1949</u> | | | |
| 9. AGE (In years last birthday) <u>3</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Mayfield, Ky</u> | | | |
| 11. BIRTHPLACE (State or foreign country) _____ | | 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME <u>Jessie Mullins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Virginia Gray</u> | | | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME _____ 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) <u>3rd degree Burns</u> 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 _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pryersburg Graves Ky</u> | | 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov - 26 1952 9 a.m.</u> | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR <u>playing a machine gun clothing caught on fire</u> | | 22. I hereby certify that I attended the deceased from <u>Dec - 18, 1952, to Dec - 25, 1952</u> , that I last saw the deceased alive on <u>Dec - 25, 1952</u> , and that death occurred at <u>7:55 a.m.</u> , from the causes and on the date stated above. <u>E9160</u> | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John C. Hervey M.D.</u> | | 23b. ADDRESS <u>500 S. Kingshighway</u> | | 23c. DATE SIGNED <u>12-25-52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | |
| 24b. DATE <u>12-27-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Little Obene Church</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wingo Kentucky</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____ | | | |
| DATE REC'D BY LOCAL REG. <u>DEC 26 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Hopkins</u> | | ADDRESS <u>Clinton, Ky</u> | | | |

12-25-52 - covered early, Released by M. Joseph Gunn

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

1529

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.....

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.