

FILED FEB 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2169**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **6**

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived) (If institution; residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Macon		c. CITY OR TOWN Jacksonville	
c. LENGTH OF STAY (In this place township) 1 Month		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samamitan Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) JB. c. (Last) MULNIX			4. DATE OF DEATH (Month) (Day) (Year) Jan-25-1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept-7-1887	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 HR. Hours	13. IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Macon County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Jim Summers	13b. MOTHER'S MAIDEN NAME Nancy Jane Summers	14. NAME OF HUSBAND OR WIFE Luther Mulnix
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Luther Mulnix	ADDRESS Jacksonville MO
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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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis		
	DUE TO (c) Bronchial Asthma		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **26 Dec., 1952** to **25 JAN, 1953**, that I last saw the deceased alive on **25 JAN, 1953** and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Coughlin, M.D.	23b. ADDRESS Macon, Mo.	23c. DATE SIGNED Jan 29 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-27-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Salem Cemetery	24d. LOCATION (City, town, or county) (State) Excelsa Missouri
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DATE REC'D BY LOCAL REG. 2/2/53	REGISTRAR'S SIGNATURE Ruth McNeely	FUNERAL DIRECTOR'S SIGNATURE Snodgrass Funeral Home	ADDRESS Wabesky Mo.
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JUN 23 1953

RECEIVED 2-10-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 25328
Date Filed 2-11-53

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.