

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10357

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>559L</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY OR TOWN <u>Rural-Central</u>		c. LENGTH OF STAY (in this place) <u>24yrs</u>		c. CITY OR TOWN <u>Rural-Central</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Hillsboro</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 Hillsboro</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Hillsboro</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>McMullin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 12-1953</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 18-1874</u>	
9. AGE (In years last birthday) <u>78</u>		10. 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>Gen'l-Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James C. McMullin</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HAMMER</u>		14. NAME OF HUSBAND OR WIFE <u>CORA COUCH</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grace Brennan-Hillsboro, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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 <u>3 days</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)		<u>331X</u>	
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>3-9</u> , 19 <u>53</u> , to <u>3-12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-12</u> , 19 <u>53</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Pinner, D.O.</u> (Degree or title)				23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>3-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WARE</u>		24d. LOCATION (City, town, or county) (State) <u>WARE, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-14-53</u>		REGISTRAR'S SIGNATURE <u>Kathleen Maradon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>See Mothershead-De Soto, Mo.</u>			

JEFFERSON COUNTY HEALTH DEPT.  
WILSON, MISSOURI  
DATE RECEIVED MAR 25 1968

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

*Andrew H. England*

Licensed Embalmer No. 47045

P. O. Address De Soto 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.