S. No. 300
v. 10.48

FILED APR 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14716

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 177

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Des Moines 8140
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle):
c. (Last): Mullenburg

4. DATE OF DEATH (Month) (Day) (Year): 4-7-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 9-2-1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: William Blauklander
13b. MOTHER'S MAIDEN NAME: DK
14. NAME OF HUSBAND OR WIFE: John Deceased 1944

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Ray Latch 319 High St., Joplin, Mo

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): Carcinoma of the head of the pancreas.

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: Undetermined.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 157x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6 *19*53, *to* April 7, *19*53, *that I last saw the deceased alive on* April 7, *19*53, *and that death occurred at* 10:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Horse M.D.
23b. ADDRESS: 308 Frisco Bldg., Joplin Mo.
23c. DATE SIGNED: 4-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-9-1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): DesMoines, Iowa

DATE REC'D BY LOCAL REG.: 4-13-53
REGISTRAR'S SIGNATURE: Ed S. James by Dolores Lampkins 138
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-21-53
Jasper County Health Office

County File Number 53/4/338

Date Filed 4-21-53

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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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed William E. Huddleston

Signed .....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.