

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30728

State File No. ....

FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Slater</u>		c. CITY OR TOWN <u>Slater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>131 North Main Street</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>LENT V</u> c. (Last) <u>MULLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 9 - 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July - 14 - 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	9. AGE (In years last birthday) <u>82-1-25</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>near Mansfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>William Mullins</u>		13b. MOTHER'S MAIDEN NAME <u>Phoda Nye</u>	
14. NAME OF HUSBAND OR WIFE		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>491-32-1139</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Jett</u> ADDRESS <u>Slater 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio-vascular dis.</u> 4 hours DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Insufficiency</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pool</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>Feb. 25, 1953</u> , to <u>Sept 9, 1953</u> , that I last saw the deceased alive on <u>9-9-53</u> , 19 <u>53</u> , and that death occurred at <u>8:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Nelson Anwaria M.D.</u>		23b. ADDRESS <u>214 1/2 N. Main</u>	
23c. DATE SIGNED <u>9-10-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walters Bend</u>	
24d. LOCATION (City, town, or county) (State) <u>Walters Bend, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Jones</u> ADDRESS <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/11/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	

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

0971

OCT 21 1953

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....  
State

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.