

FILED SEP 22 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 32783

BIRTH NO. 12438464 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Farmington</b> )		c. LENGTH OF STAY (In this place) township)		c. CITY OR TOWN <b>Farmington</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				e. STREET ADDRESS (If rural, give location) <b>09410</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Russell</b> b. (Middle) <b>Jacob</b> c. (Last) <b>Mullins III</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 20 1953</b>		9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>24</b>	IF UNDER 1 HRS. Hours <b>24</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Russell J. Mullins, Jr.</b>			13b. MOTHER'S MAIDEN NAME <b>Lyla Alcorn</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Russell J. Mullins, Jr. Farmington,</b>			
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) <b>Transposition of Great Vessels</b> Mo. INTERVAL BETWEEN ONSET AND DEATH <b>Birth</b>						
	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.						
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) <b>7546</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Birth</b> , 19___, to <b>9-14</b> , 1953 that I last saw the deceased alive on <b>9-14</b> , 1953, and that death occurred at <b>2:30pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>F. Richard Crouch M.D.</b>				23b. ADDRESS <b>Farmington Mo.</b>		23c. DATE SIGNED <b>9-15-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 15 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Farmington Rfd. 2 Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Sept. 15, 1953</b>		REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cozcan Funeral Home</b>		ADDRESS <b>Farmington, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*CH Cozear*

Licensed Embalmer No. *408*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.