

STANDARD CERTIFICATE OF DEATH

36453

State File No.

FILED NOV 9 - 1953

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3080 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILLICOTHE</u>	c. LENGTH OF STAY (In this place) township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>	0402 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 WASHINGTON ST</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLEN</u> b. (Middle) <u>MULLINS</u> c. (Last) <u>MULLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 3 1953</u>		
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>FEB 18 1872</u>		9. AGE (In years last birthday) <u>81</u> 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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ALFRED MULLINS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ALEXANDER</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA MULLINS</u>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOMER MULLINS TRENTON 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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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) 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 None, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Conrad M.D. (Coroner)</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Nov 3: 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 6 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Spickard MO.</u>
DATE REC'D BY LOCAL REG. <u>11-5-53</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHOOLER FUNERAL HOME Spickard MO</u>	

(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
Student Embalmer

Signed Ross Wise.....

Licensed Embalmer No. 3771

P. O. Address Spickard 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.