

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1709

State File No. \_\_\_\_\_

 BIRTH NO. 90179 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jasper</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Newton</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Joplin</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Joplin (RURAL)</b> <u>0440</u>   |   |
| c. LENGTH OF STAY (In this place)<br><b>12 Hrs</b>  |   | d. STREET ADDRESS<br><b>2mi East and 1/2 So of 32nd and Rt# 2 Box# 287 Duquesne.</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Dennis</b><br>b. (Middle) <b>Lee</b><br>c. (Last) <b>McMullen</b>   |   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>January 1, 1954</b>                            |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b>  | 8. DATE OF BIRTH<br><b>December 31, 1953</b>  |
| 9. AGE (In years last birthday)   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant.</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Joplin, Missouri</b>                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant.</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Infant.</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13a. FATHER'S NAME<br><b>Frank McMullen</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Kathryn Akers</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Frank McMullen Rt# 2 Box# 287 Joplin, Mo.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                         |   | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital atelectasis</b><br>ANTECEDENT CAUSES<br><b>Immature birth</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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)<br><b>7625</b>                                |
| 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>12-31, 1953</u> , to <u>1-1, 1954</u> , that I last saw the deceased alive on <u>1-1, 1954</u> , and that death occurred at <u>3:45 am.</u> , from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>Katharine L. Hill, M.D.</b>  |   | 23b. ADDRESS<br><b>40 Jackson, Joplin, Mo.</b>  | 23c. DATE SIGNED<br><b>1-1-54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>Jan 2, 1954</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Saginaw Cemetery</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>Saginaw, Missouri</b>                     |
| DATE REC'D BY LOCAL REG.<br><b>1-4-54</b>   | REGISTRAR'S SIGNATURE<br><b>J. S. James 138</b><br><b>My Salvo's Lampkins</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Thornhill-Dillon Mortuary Joplin, Mo.</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 11 1954

Jasper County Health Office

County File Number 54-1-20

Date Filed JAN 11 1954

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.

Signed.....  
Student Embalmer

Signed

*W. H. ...*  
Student Embalmer No.....

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.