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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3110
0476

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 7 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home			
e. STREET ADDRESS		(If rural, give location)	
4386 Maryland Avenue		2199	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MANIE	b. (Middle) DEUPREE	c. (Last) MULLINS	(Month) 1	(Day) 16	(Year) 54
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH March 11, 1867	9. AGE (In years last birthday) 86	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) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? USA	
10a. at home				Noxubee County, Mississippi / USA	

13a. FATHER'S NAME Thomas Jefferson Deupree		13b. MOTHER'S MAIDEN NAME Mary Williams		14. NAME OF HUSBAND OR WIFE James Hicks Mullins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marjorie Mullins, Washington U., St. Louis	

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) <u>Pneumonia (terminal)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of age (Arteriosclerosis)</u>		<u>6 yrs</u>	
		DUE TO (c) <u>Older pneumonia</u>		<u>10 yrs</u>	
		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)	
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? 733X	

22. I hereby certify that I attended the deceased from 7-29, 1953, to 1-16, 1954, that I last saw the deceased alive on 1-10, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. M. Charles</u> (Degree or title)		23b. ADDRESS <u>1105 Central</u>		23c. DATE SIGNED <u>1-16-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Line Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Texarkana, Arkansas</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 16 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Blv'd.,</u>	
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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.....
Arnold W. Schoe

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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