

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16520

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>4277</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>VERONA</u>		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 <u>city</u>				e. STREET ADDRESS (If rural, give location) <u>0550</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hulda</u> b. (Middle) <u>L.</u> c. (Last) <u>Mulkey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-31-1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 10, 1918</u>	
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		9. AGE (In years last birthday) <u>76</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John M. Miller</u>			
13b. MOTHER'S MAIDEN NAME <u>CAROLINE Miller</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES E. Mulkey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, the war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Loren Sandy</u>		17. ADDRESS <u>Verona, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis.</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Thrombotic Encephalomalacia with Cerebral Hemorrhage.</u>							
DUE TO (c) <u>Arteriosclerosis.</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)		21. HOW DID INJURY OCCUR?	
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"/>		21. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-20</u> , 19 <u>54</u> , to <u>5-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>54</u> , and that death occurred at <u>7:35A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. Avery Watson D.O.</u>				23b. ADDRESS <u>Verona, Mo.</u>		23c. DATE SIGNED <u>6-2-54</u>	
24a. FUNERAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-7-1954</u>		REGISTRAR'S SIGNATURE <u>Orsa Mc Nett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orsa L. Sand</u> ADDRESS <u>Aurora, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Myself* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Oliver L. Marsh*

Licensed Embalmer No. 381

P. O. Address *America*

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.