

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20087

State File No.

FILED JUL 7 1954

BIRTH NO. 12438041-54 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 184

0941 0

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (in this place) 09410	c. CITY OR TOWN Bonne Terre
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) (Baby) Mull	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH June-29, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 28, 1954	9. AGE (In years last birthday) IF UNDER 1 YEAR 9	IF UNDER 24 HRS. Hours 9	IF UNDER 60 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jack Mull	13b. MOTHER'S MAIDEN NAME Viola Keen	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Jack Mull	ADDRESS Bonne Terre, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 7605
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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?
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22. I hereby certify that I attended the deceased from June 28, 1954 to June 29, 1954, that I last saw the deceased alive on 6-28, 1954, and that death occurred at 3:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Applegate M.D.	23b. ADDRESS Flat River, Mo	23c. DATE SIGNED 6-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery	24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo
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DATE REC'D BY LOCAL REG. JUNE 29, 1954	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Sparks F. Home	ADDRESS Bonne Terre, Mo
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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 *Murphy Sparks*.....
Licensed Embalmer No. *4330*
P. O. Address *No River St*.....

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.