

RN-7909

JAN 17 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Portageville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>0721</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>MULLINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 7, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 23, 1905</b>	9. AGE (In years last birthday) <b>49</b>	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) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chico, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Mullins</b>		13b. MOTHER'S MAIDEN NAME <b>Katie Arthurhold</b>		14. NAME OF HUSBAND OR WIFE <b>FLORENCE MULLINS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>VA HOSPITAL RECORDS</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS</b>	

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) <b>Coronary Occlusion, Acute</b>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>Pneumonia Bilateral</b>			
		DUE TO (c)			
		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)		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 Dec. 6, 1954, to Dec 7, 1954, and that death occurred at 2:05p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>HARRY J. PRICE, M.D. Chief Med. Ser.</b>		23b. ADDRESS <b>VA Hospital Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>12-7-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/9/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo. Portageville</b>	
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DATE REC'D BY LOCAL REG. <b>1/7/55</b>		REGISTRAR'S SIGNATURE <b>R K Murchie 489-1</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLille Funeral Home Portageville</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JAN 14 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

MS  
SEP 17 1959

LIST  
2 1959

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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 Joseph A. Kofke  
Licensed Embalmer No. 4481  
P. O. Address Payville

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.