

FILED MAR 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5561

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>1901 Settle St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1901 Settle St.,</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles</u>		a. (First)		b. (Middle)		c. (Last) <u>Mullinex</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2/23/1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12/31/1881</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Worker</u>	
11. BIRTHPLACE (State or foreign country) <u>New Cambria, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>New Cambria, Mo.</u>	
13a. FATHER'S NAME <u>Robert Mullinex</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Rape</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Mullinex</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Marten, 1901 Settles</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u> Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <u>2 yrs</u> DUE TO (c) <u>Anemia Indiff.</u> <u>3 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastro-intestinal Bleeding</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>293 X</u>		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) (Min.) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John Canella mdy 0 189</u>				23b. ADDRESS <u>407 Parkway</u>		23c. DATE SIGNED <u>2/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Pk.</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/28/55</u>		REGISTRAR'S SIGNATURE <u>W. M. Lucke R. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. M. McDonnell</u>		ADDRESS <u>Hannibal, Mo.</u>	

RECEIVED MAR 8 1955
MARION CO. HEALTH DEPT.
DATE FILED MAR 8 1955

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.

Student Embalmer No.

Signed _____

M. J. McDonnell

Signed.....
Student Embalmer

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.