

STANDARD CERTIFICATE OF DEATH

8589

State File No.

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City, Mo		c. LENGTH OF STAY (In this place) 13 yrs	c. CITY OR TOWN Webb City,
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 N. Madison St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location) 402 N. Madison St.	

3. NAME OF DECEASED (Type or Print) a. (First) Maranda b. (Middle) Etta c. (Last) Mullen	4. DATE OF DEATH (Month) March (Day) 14 (Year) 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 18, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 6 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Plainville, Ind. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William F. Everett	13b. MOTHER'S MAIDEN NAME Carrie Everett	14. NAME OF HUSBAND OR WIFE Edward Mullen (Dec'd)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Gruhke	ADDRESS Chicago, Ill.
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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, asthenia, 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) Myocardial Failure		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis		6 mo.
DUE TO (c) Hypertension		3 yrs	
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 43 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from May 1953, to May 14, 1955, that I last saw the deceased alive on May 14, 1955 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Bevelright	(Degree or title) M.D. 0	23b. ADDRESS 222 S. Webb St. Webb City	23c. DATE SIGNED 3/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery	24d. LOCATION (City, town, or county) (State) Oronogo, Missouri
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DATE REC'D BY LOCAL REG. 3-16-55	REGISTRAR'S SIGNATURE Mrs. Madeline Lutz	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson Mortuary	ADDRESS Webb City, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed
MAR 21 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~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harvey E. Arue*

Licensed Embalmer No. *446*

P. O. Address *Wab City*

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.