

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8598

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 445

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 OR TOWN Rural--Jackson Twp.) c. LENGTH OF STAY (in this place) None

c. CITY OR TOWN Carthage d. Is Residence within limits of a city or incorporated town? Yes  No  0493

d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mi. So. of Carthage on 71

STREET ADDRESS (If rural, give location) 1125 W. Chestnut

3. NAME OF DECEASED (Type or Print)  
a. (First) Charles b. (Middle) Wesley c. (Last) Mullen

4. DATE OF DEATH (Month) (Day) (Year) March 9, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Feb. 17, 1925

9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee Eglericher, Galena, Kansas

10b. KIND OF BUSINESS OR INDUSTRY Nashville, Missouri

11. BIRTHPLACE (City and State or Foreign Country) Nashville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William E. Mullen

13b. MOTHER'S MAIDEN NAME Ruby Baker

14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 442-14-1691

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Ruby Holman, Carthage, Mo. 1125 W. Chestnut

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Injuries multiple extreme  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (1) Fracture cervical spine  
DUE TO (2) Fracture skull  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. (3) Fracture left humerus  
(4) Crush injury chest

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E 8234

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 71

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Twp. Jasper Mo. 049

21d. TIME OF INJURY (Month) (Day) (Year) March 9, 1955

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Car hit bridge on Hiway 71 4 Mi. So. of Carthage. One car accident.

22. I hereby certify that I attended the deceased from did not attend, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:45P m., from the causes and on the date stated above.

23a. SIGNATURE Wendell J. Coroner (Degree or title) Jasper Co.

23b. ADDRESS Joplin, Mo.

23c. DATE SIGNED 3-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 12, 1955

24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery

24d. LOCATION (City, town, or county) (State) Jasper County, Mo.

DATE REC'D BY LOCAL REG. 3-11-55

REGISTRAR'S SIGNATURE W. M. Clifton 139-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.

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

County File Number 22  
Date Filed MARK I 9 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..... *Robert W. Knell*

Licensed Embalmer No. *445*

P. O. Address *Carthage*

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.