

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

State File No. 9062

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 305-2 Registrar's No. 886

| | | | |
|---|-------------------------------|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>R 7 D # 3 3 mi west 50 Highway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>R 7 D # 3 3 mi west 50 Highway</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>R 7 D # 3 3 mi west 50 Highway</u> | |
| 3. NAME OF DECEASED a. (First) <u>Paul</u> b. (Middle) _____ c. (Last) <u>McMullin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1955</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec 16 1906</u> |
| 9. AGE (In years last birthday) <u>48</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail merchant</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>merchandise</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Tilden McMullin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katie Embree</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mamie McMullin</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>491-07-5635</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mamie McMullin</u> ADDRESS <u>Sedalia</u> | |
| 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 <u>Ruptured esophageal varicose & fatal hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 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) (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 <u>3-28 1955</u> to <u>3-30 1955</u> that I last saw the deceased alive on <u>3-30 1955</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>W. Boyer M.D.</u> | | 23b. ADDRESS <u>Sedalia Mo</u> | |
| 23c. DATE SIGNED <u>4/1/55</u> | | 24a. BIRTHAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>4-1-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u> | |
| DATE REC'D BY LOCAL REG. <u>4-1-55</u> | | REGISTRAR'S SIGNATURE <u>Lavinia Corontz Deputy</u> ADDRESS <u>Sedalia</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

3 (10)

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
Student Embalmer

Signed K.P. McLeary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.