

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26994

State File No. ....

FILED AUG 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1211 Fulton Avenue</b>	

3. NAME OF DECEASED (Type or Print) **Oris Mullenix**

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
**August 18, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **January 5, 1891** 9. AGE (In years last birthday) **64**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Boiler Maker**

11. BIRTHPLACE (City and State or Foreign Country)  
**Pike County Illinois**

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

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Boiler Maker**

10b. KIND OF BUSINESS OR INDUSTRY  
**C B & Q Railroad**

11. BIRTHPLACE (City and State or Foreign Country)  
**Pike County Illinois**

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

13a. FATHER'S NAME **David Mullenix** 13b. MOTHER'S MAIDEN NAME **Anna** 14. NAME OF HUSBAND OR WIFE  
**Esther Fern McKee Mullenix**

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

16. SOCIAL SECURITY NO. **707 05 7321**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Oris Mullenix** ADDRESS **Hannibal Missouri**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral hemorrhage**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

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 **331X**

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**Hannibal Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 7<sup>th</sup> Aug, 1955, to Aug 18, 1955, that I last saw the deceased alive on 18 Aug, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** 23b. ADDRESS **Hannibal Mo** 23c. DATE SIGNED **Aug 19/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE \_\_\_\_\_ 24c. NAME OF CEMETERY OR CREMATORY **Miller Cemetery** 24d. LOCATION (City, town, or county) (State) **Rockport Illinois**

DATE REC'D BY LOCAL REG. **8-20-55** REGISTRAR'S SIGNATURE **[Signature]** FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Hannibal Missouri**

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

RECEIVED AUG 23 1955  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 23 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 *H. C. Crawford Smith*

Licensed Embalmer No. 381

P. O. Address Hannibal, Miss.

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.