.S. No. 300
v. 10.46

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22488

State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6082 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. 2, Slater
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. 2, Slater
d. STREET ADDRESS (If rural, give location): 0970 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Knox
c. (Last): McMullen

4. DATE OF DEATH (Month) June, (Day) 28, (Year) 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July, 21, 1881
9. AGE (In years last birthday): 74 — If under 1 year: Months 11, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor paper
10b. KIND OF BUSINESS OR INDUSTRY: active
11. BIRTHPLACE (City and State or Foreign Country): GreatBend, Kan.
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Joseph McMullen
13b. MOTHER'S MAIDEN NAME: Jane McClellan
14. NAME OF HUSBAND OR WIFE: none

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.:
17. INFORMANT'S SIGNATURE OR NAME: Lloyd McMullen, Slater, Mo. — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis c̄ failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

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

DUE TO (b) Diabetes Mellitus — 1 wk. 25 yr

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: 260X
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* May, 1937, *to* June 28, 1956, *that I last saw the deceased alive on* June 28, 1956, *and that death occurred at* 10:45 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. McSurney M.D.
23b. ADDRESS: Slater, Mo.
23c. DATE SIGNED: 6-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/30/1956
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Great Bend, Kan.

DATE REC'D BY LOCAL REG.: 6-29-56
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE: Hill Bros
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 11 1956

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater 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.