

FILED AUG 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. 26299

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5240 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Washington Twp.)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles S. of Stockton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 4 Miles S. of Stockton 02 0			
3. NAME OF DECEASED (Type or Print) a. (First) KITTY b. (Middle) (NONE) c. (Last) MULFORD	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 13, 1881
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Stockton, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Barcla y McPherson	
13b. MOTHER'S MAIDEN NAME Margaret Pollard		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ruby Weaver, Stockton, Mo.		ADDRESS	
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) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH minutes 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 A. m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. B. Richter M.D.		23b. ADDRESS Stockton Mo	
23c. DATE SIGNED 8-16-56			
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 8-17-1956	
24c. NAME OF CEMETERY OR CREMATORY Lebo Cemetery		24d. LOCATION (City, town, or county) (State) Lebo, Kansas	
DATE REC'D BY LOCAL REG. 8-23-56		REGISTRAR'S SIGNATURE Clyde A. Bridges	
FUNERAL DIRECTOR'S SIGNATURE Carlton Funeral Home		ADDRESS Stockton, Mo	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
John G. Cantlon

Licensed Embalmer No. *438*

P. O. Address *Stockton, Ca.*

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.