

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

State File No. **3356**
 BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 1 Hr.	c. CITY OR TOWN Dexter		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			e. STREET ADDRESS (If rural, give location) 429 Poplar St.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ruth c. (Last) Mullin			4. DATE OF DEATH (Month) (Day) (Year) 1 - 1 - 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-9-1942	9. AGE (in years last birthday) 14	IF UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. Mullin		13b. MOTHER'S MAIDEN NAME Laura Jo. Casey	14. NAME OF HUSBAND OR WIFE none		
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 H. Mullin ADDRESS 429 N. Poplar, Dexter, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple fractures of legs, pelvis DUE TO (c) Possible internal injury of abdominal viscera II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Concussion		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr 1 1/2 hr 1 1/2 hr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Highway 60 east	21c. (CITY, TOWN, OR TOWNSHIP) Sikeston (COUNTY) Scott (STATE) Mo			
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck			
22. I hereby certify that I attended the deceased from <u>1/1</u> , 1957, to <u>1/1</u> , 1957, that I last saw the deceased alive on <u>1/1</u> , 1957, and that death occurred at <u>6:15</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. C. Critchlow M.D.			23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED Jan 4, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 3, 1957	24c. NAME OF CEMETERY OR CREMATORY Dexter	24d. LOCATION (City, town, or county) (State) Dexter, Missouri		
DATE REC'D BY LOCAL REG. 1-8-57	REGISTRAR'S SIGNATURE Mrs. Clara Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
10-48

DATE RECEIVED JAN 14 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-6

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 Lucille Rainey.....

Licensed Embalmer No. 4983.....

P. O. Address Deater.....

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.