

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8818**
Registrar's No. **1053**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1053</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (in this place) 19 days		c. CITY OR TOWN Lee's Summit 700		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 704 So. Douglas				
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) Patrick		c. (Last) Mulligan		4. DATE OF DEATH (Month) (Day) (Year) March 5, 1957	
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Bellville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Mulligan			13b. MOTHER'S MAIDEN NAME Mary Carroll		14. NAME OF HUSBAND OR WIFE Lou E. Mulligan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 487-05-8437		17. INFORMANT'S SIGNATURE OR NAME Gerald E. Mulligan, Lee's Summit, 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) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis DUE TO (c) apparently oral abscess II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease 10 yrs					INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days 19 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? 5501 YES <input checked="" type="checkbox"/> NO <input 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) _____ m.		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 Feb 15, 1957 , to March 5, 1957 , that I last saw the deceased alive on March 5, 1957 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE William F. Bell (Degree or title) _____				23b. ADDRESS 249 Lee's Summit 790		23c. DATE SIGNED 3-6-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hickman Mills, Missouri		
DATE REC'D BY LOCAL REG. 3-6-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

Missouri

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
William F. Bell

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 *N. B. Langsford*.....
Licensed Embalmer No. 4962

P. O. Address..... Lee's S

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.