

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 3 2 9 9
STATE FILE NUMBER

FILED JUN 19 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Kernan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hosp.</u>		Length of stay in lb <u>18 days</u>	d. STREET ADDRESS <u>804 N. Cedar</u>		(If outside, give location) <u>1082</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>William Charles Mulhern</u>			4. DATE OF DEATH <u>May 31, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>February 2, 1881</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and state or country) <u>Washington Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>James Mulhern</u>			14. MOTHER'S MAIDEN NAME <u>Jessiah Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Gen. no. or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Charles Mulhern, Abilene, Texas</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Unknown - Patient had been in a wheel chair for about 15 minutes, began to show signs of weakness</u>	DUE TO (c) <u>shortness of breath was put back to bed immediately</u>	9040	21	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Collapsed and died almost immediately, He was hospitalized because of the Intertrochanteric fracture. Operation as below, with good healing.</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Patient fell in his home - Intertrochanteric Fract. lft. hip</u>				
20c. TIME OF INJURY - Hour <u>May 13 '57</u> Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Nevada, Missouri</u>	20g. COUNTY <u>Vernon</u>	20h. STATE <u>Missouri</u>		
21. I attended the deceased from <u>May 13, 1957</u> to <u>May 31, 1957</u> and last saw <u>her</u> alive on <u>May 30, 1957</u> Death occurred at <u>8:29 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. B. Wray, M.D.</u>			22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		22c. DATE SIGNED <u>6-3-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mountain Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>		
24. FUNERAL DIRECTOR <u>Jerry J. J. Harn</u>		ADDRESS <u>Nevada, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-14-1957</u>	26. REGISTRAR'S SIGNATURE <u>Arnold E. Harvey</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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100-112-1057

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 *L. Stephen Perry*

Licensed Embalmer No. *49*

P. O. Address *Nevada*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.