

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

27159

Registration District No. 333 Primary Registration District No. 3074 STATE FILE NUMBER 119  
Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO 3074</u> COUNTY <u>SCOTT</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SIKESTON</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>DEL AIA NURSINE HOME</u>		Length of stay in lb <u>2 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>505 N. KINGS HIGHWAY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>FRANCIS</u> Last <u>McMULLIN</u>			4. DATE OF DEATH Month <u>7</u> Day <u>18</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1868</u>	9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>SCOTT CO MO</u>	
13. FATHER'S NAME <u>JOHN McMULLIN</u>			14. MOTHER'S MAIDEN NAME <u>LUCINDA VAUGHN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>HAROLD PITMAN - SIKESTON MO</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>TOXEMIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>About 2 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>gangrene of foot</u>					<u>About 1 mo.</u>
DUE TO (c) <u>Gen. arteriosclerotic</u>					<u>years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4501</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan. 1957</u> to <u>7-18-57</u> and last saw <u>him</u> alive on <u>7-16-57</u> Death occurred at <u>12:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. D. Urban, M. D.</u>			22b. ADDRESS <u>Si-Keston</u>		22c. DATE SIGNED <u>7/19/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		23d. LOCATION (City, town, or county) (State) <u>DEXTER MO</u>
24. FUNERAL DIRECTOR <u>Welch Funeral Home - Sikeston Mo.</u>		ADDRESS <u>Sikeston Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-19-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Cella Hunter</u>

DATE RECEIVED JUL 22 1957

SCOTT CO. HEALTH DEPT.

OO. FILE No. 757-146

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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 Raymond Crews

Licensed Embalmer No. 346

P. O. Address Sikeston

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.