

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32062
STATE FILE NUMBER

FILED SEP 19 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4012

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fairway</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>St. Luke's Hosp.</u>		Length of stay in 1b <u>3 yrs 6 days</u>	X d. STREET ADDRESS <u>5417 Falmouth</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FLORENCE</u> Middle <u>KATHRYN</u> Last <u>MULLEN</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>25</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 17, 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Acc.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Midwest Wool</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia, Missouri</u>	
13. FATHER'S NAME <u>Michael Mullen</u>			14. MOTHER'S MAIDEN NAME <u>Emma R. Graham</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-7685</u>		17. INFORMANT Address <u>Texas</u> <u>Msgr. C. R. Mullen, Corpus Christi,</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>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8/19/57</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sepsis -</u>					<u>8/25/57</u>
DUE TO (c) <u>Secondary to Fracture neck left femur</u>					<u>8/25/57</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>E9046 JS</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>Slipped and fell to floor</u>			
20c. TIME OF INJURY Hour <u>2</u> Month <u>8</u> Day <u>19</u> Year <u>57</u> a. m. <u>00</u> p. m. <u>00</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>at her office</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson, Mo.</u>	
21. I attended the deceased from <u>8/19/57</u> to <u>8/25/57</u> and last saw her alive on <u>8/25/57</u> . Death occurred at <u>2 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Rex L. Diveley</u> (Degree or title) <u>M. D.</u>			22b. ADDRESS <u>4312 Mohls Pk, K.C. Mo.</u>		22c. DATE SIGNED <u>8/27/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-28-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>Hickman Mills, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>8-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Rex L. Diveley

Death, disease, or injury must be causally related. Carer cannot certify to a death due to natural causes.

Dr. Rep. L. T. Tinner
4312 J. C. Tinner
Je 1-5757

2-4:30 P.M.

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 *James W. Wain*

Licensed Embalmer No. *46*

P. O. Address *Kansas City*

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.