

FILED *ell* OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35320  
STATE FILE NUMBER

Registration District No. *107* Primary Registration District No. *3019* Registrar's No. *143*

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kennett Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kennett Mo.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Presnell Hospital</i>		Length of stay in 1b <i>1 Hour</i>	d. STREET ADDRESS (If outside, give location) <i>202 W. 8th St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Bobby</i> Middle <i>Joe</i> Last <i>Mullen</i>			4. DATE OF DEATH Month <i>10-</i> Day <i>18-</i> Year <i>57</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 13-1956</i>	9. AGE (In years last birthday) <i>1</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <i>5</i> Days <i>5</i> Hours <i>5</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>XX</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>XX</i>		11. BIRTHPLACE (City and state or country) <i>Kennett Mo.</i>		
13. FATHER'S NAME <i>Joe Wayne Mullen</i>			14. MOTHER'S MAIDEN NAME <i>Dorothy Benson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Joe Wayne Mullen</i> Address <i>Kennett Mo.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Basal Skull Fracture</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>9020</i>		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.) <i>Child fell from bed at home.</i>	
20c. TIME OF INJURY Hour <i>9:00</i> a. m. Month, Day, Year <i>10-18-57</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Kennett, Dunklin Mo.</i>
21. I attended the deceased from <i>10-18-57</i> to <i>10-18-57</i> and last saw him alive on <i>10-18-57</i> . Death occurred at <i>9:15</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>James J. Zell M.D.</i>	22b. ADDRESS <i>Kennett Mo.</i>	22c. DATE SIGNED <i>10-21-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-20-57</i>	23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) <i>Oak Ridge Cemetery Kennett Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Lentz Service Kennett Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-21-1957</i>	26. REGISTRAR'S SIGNATURE <i>Paul Thurman</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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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RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-29

COUNTY FILE NUMBER 105

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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 *Edgar B. Lee*  
Licensed Embalmer No. 4433

P. O. Address.. Kennett, Mo

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.