No. 300
10.48

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004989
State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 2-Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin Co. Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN: Senath
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0350

3. NAME OF DECEASED (Type or Print)
a. (First): Thurman
b. (Middle): E.
c. (Last): Mullen

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1908
9. AGE (In years last birthday): 49 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and State or Foreign Country): Grenada, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Frank A. Mullen
13b. MOTHER'S MAIDEN NAME: Sally Fielder
14. NAME OF HUSBAND OR WIFE: Thelma Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 12-31-36
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Thelma Mullen Senath, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Massive Coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 10-(3:00 AM) 1958, *to* 4:00 PM Feb 10, 1958, *that I last saw the deceased alive on* Feb 10, 1958, *and that death occurred at* 4:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 217 College
23c. DATE SIGNED: 2-17-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/12/58
24c. NAME OF CEMETERY OR CREMATORY: Senath
24d. LOCATION (City, town, or county) (State): Senath, Missouri

DATE REC'D BY LOCAL REG.: 2-18-58
REGISTRAR'S SIGNATURE: Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: McDaniel Funeral Service Senath, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

90-0

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 2-24-

COUNTY FILE NUMBER 25

MAR 12 1958

US JUN 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hubert B. Baird

Licensed Embalmer No. 4 88

P. O. Address Kennett, M

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