

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021763

STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 141 Primary Registration District No. 555 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Harrisonville</u> Length of stay in 1b <u>50 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Harrisonville</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Water Alton Mullins</u>			4. DATE OF DEATH Month Day Year <u>5/25-58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-26-1900</u>
9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>57 6 29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Retired Produce Dealer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
10a. <u>Retired Produce Dealer</u>		10b. <u>Industry</u>	11. <u>Sevard Co. Ark USA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>N.K. Mullins</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth S. Mullins</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT Address <u>Ruth Mullins, West Plains 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>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease captioned in PART I (a) <u>(1) HYPERTENSION, ESSENTIAL, SEVERE</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 or here) <u>---</u>		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20c. _____	20d. _____		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
20e. _____	20f. _____	_____	_____
21. I attended the deceased from <u>Aug. 22, 1952</u> to <u>MAY 25, 1958</u> and last saw her/him alive on <u>MAY 12, 1958</u> Death occurred at <u>2:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jack N. Wilson, M.D.</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>6-6-58</u>		22d. _____	
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
23a. <u>---</u>	23b. <u>5/27-1958</u>	23c. <u>Oak Lawn</u>	23d. <u>West Plains Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Robertson's West Plains Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 17 1958

JUN 18 1958

AUG 25 1958

SEP 19 1962

MS DEC 20 1960

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 *J. S. Roberts*

Licensed Embalmer No. *3637*
P. O. Address *West Hill*

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.