

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026260
State File No.

FILED AUG 6 1958

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 257

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| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Knox | |
| b. CITY (If outside corporate limits, write RURAL and give township) Hannibal, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) Edina | |
| c. LENGTH OF STAY (In this place) 2 wks | | d. STREET ADDRESS 0520 (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth's Hospital | | | |

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|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) Mary c. (Last) Mulville | | | 4. DATE OF DEATH (Month) (Day) (Year) July 22, 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH March 10, 1870 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Knox County | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Michael Mulville | 13b. MOTHER'S MAIDEN NAME Bridgett Costello | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Arlie McCoy | ADDRESS Monroe City, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Thrombosis Arterial | | 10 days |
| | ANTECEDENT CAUSES DUE TO (b) Obstruction Junction | | 14 days |
| DUE TO (c) Common Duct Stone | | 14 days | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 584 X |
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| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **7-8-58**, **19**, to **7-22-58**, **19**, that I last saw the deceased alive on **7-22-58**, **19**, and that death occurred at **4:45 Am.**, from the causes and on the date stated above.

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| 23. SIGNATURE [Signature] (Degree or title) M.D. | 23b. ADDRESS 100 N. Sixth Hannibal, Mo. | 23c. DATE SIGNED 7-25-58 |
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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-24-1958 | 24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery Edina, Missouri | 24d. LOCATION (City, town, or county) (State) |
|---|----------------------------|---|---|

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| DATE REC'D BY LOCAL REG. 7/30/58 | REGISTRAR'S SIGNATURE W. E. Lucke By H. C. Fisher | 25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Kuesthaus | ADDRESS Edina Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Edina

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RECEIVED AUG 04 1958
MARION CO. HEALTH DEPT.
DATE FILED AUG 04 1958

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
Student Embalmer

Signed John S. Spord

Licensed Embalmer No. 4540

P. O. Address Hannibal, 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 this body is not embalmed, fact should be so stated above.