Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004100
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 323 Primary Registration District No. 6099 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Queen City - Pence — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 Miles West of Queen City — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Schuyler
c. CITY OR TOWN: Queen City 0998 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS: 4 Miles West of Queen City (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: TIMOTHY Middle: RAY Last: MULLENIX

4. DATE OF DEATH: Month: 1 Day: 20 Year: 59

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 8-29-58

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: 4 Days: 20 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Fort Thompson South Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lee Mullenix

13b. MOTHER'S MAIDEN NAME: Lena Warner

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Lee Mullenix Address:

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): viral pneumonia — 5 hours.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 492.X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/19/59, to ____ and last saw ~~her~~ him alive on 1/19/59
Death occurred at 6.45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eleanor S. Roberts, D.O.

22b. ADDRESS: Queen City, Mo

22c. DATE SIGNED: 1/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-22-59

23c. NAME OF CEMETERY OR CREMATORY: Bussfield Cemetery

23d. LOCATION (City, town, or county) (State): Worthington MO

24. FUNERAL DIRECTOR: Harry L. Hone — **ADDRESS**: Queen City, Mo

25. DATE RECD. BY LOCAL REG.: 1-21-1959

26. REGISTRAR'S SIGNATURE: Mrs. R. J. Dreke

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.