

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013925

STATE FILE NUMBER

42

FILED MAY 8 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No.

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-57

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|---|----------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ray | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Orrick, | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial | | Length of stay in lb 10 Days | d. STREET ADDRESS (If outside, give location) Four Mi S. E. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Perry Middle Franklin Last McMullen | | | 4. DATE OF DEATH Month April Day 23, Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1875 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Orrick, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME James McMullen | | 13b. MOTHER'S MAIDEN NAME Sarah Artman | | 14. NAME OF HUSBAND OR WIFE Tonnie Mae Creason | |
| 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 Roy McMullen Address Orrick, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct - Anterior wall | | | | | INTERVAL BETWEEN ONSET AND DEATH sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary ischemia | | | | | 10 days. |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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 of item 18.) | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 4/13/59 to 4/23/59 and last saw her/him alive on 4/23/59 Death occurred at 7. 10 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Ben H. Brasher (Degree or title) M.D. | | | 22b. ADDRESS Lexington, Missouri | | 22c. DATE SIGNED 4/25/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 26, 1959 | 23c. NAME OF CEMETERY OR CREMATORY South Point | | 23d. LOCATION (City, town, or county) (State) Orrick, Mo. |
| 24. FUNERAL DIRECTOR Good Funeral Home - Wilbur M. McAfee | | ADDRESS Orrick Mo | | 25. DATE RECD. BY LOCAL REG. 4-27-59 | 26. REGISTRAR'S SIGNATURE Wm E. Gault |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Charles F. Feb

Licensed Embalmer No. 4524

P. O. Address Liberty MD

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.