

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014299
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 264 Primary Registration District No. Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Bakersfield</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN <u>Bakersfield</u> <small>(If outside, give location)</small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or print) <u>Joe Wm Mullins</u> First Middle Last			4. DATE OF DEATH <u>5-2-1959</u> Month Day Year		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-16-1892</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR <u>0</u> Months <u>7</u> Days	11. UNDER 24 HRS. <u>0</u> Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working years even if retired) <u>Street Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Clark Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Perry Mullins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Madge Mullins</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>920</u>	17. INFORMANT <u>Madge Mullins</u> Address <u>West Plains Mo</u>
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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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u>	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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 of item 18.) <u>331X</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <u>initial</u> to <u>5-2-59</u> and last saw <u>her</u> alive on <u>5-2-59</u> Death occurred at <u>4:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>St. Storey</u> (Degree or title)	22b. ADDRESS <u>Bakersfield Mo</u>	22c. DATE SIGNED <u>5-5-59</u>
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>5-4-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Hill</u>	23d. LOCATION (City, town, or country) (State) <u>Bakersfield Mo</u>
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24. FUNERAL DIRECTOR <u>Roberts</u> ADDRESS <u>West Plains Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Thomas C. Durdon</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MAY 13 1959

MAY 18 1959

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 *A. J. Roberts*

Licensed Embalmer No. *343* ✓
P. O. Address *West Haven*

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.