

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015470

STATE FILE NUMBER  
2 3198

FILED APR 27 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give street address) <b>HOSPITAL BARNES HOSPITAL</b>		Length of stay in lb	c. CITY OR TOWN <b>St. Johns</b> <b>4201</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6		d. STREET ADDRESS <b>8401 Engler Park Ct.</b>	Reside on Farm No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>KATHALEEN REBECCA MULLINS</b>			4. DATE OF DEATH Month Day Year <b>MARCH 30, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 13, 1910</b>		9. AGE (In years last birthday) <b>48</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft</b>	11. BIRTHPLACE (City and state or country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>William Thomas Carey</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Cupps</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Thomas Mullins</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>322-03-4759</b>		17. INFORMANT <b>Lee T. Mullins, St. Johns Mo.</b> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ADENOCARCINOMA OF LEFT BREAST WITH METASTASES TO BRAIN</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>170 X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>FEB. 1, 1957</b> to <b>MARCH 30, 1959</b> and last saw her alive on <b>MARCH 30, 1959</b> Death occurred at <b>1:55 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. Vermillion, M.D.</i>	22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>3/30/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>
24. FUNERAL DIRECTOR <b>White-Mullen Mortuary,</b> ADDRESS <b>Ferguson Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 31 '59</b>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

12 1944

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 my self....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395  
P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.