

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021582
STATE FILE NUMBER
2732

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2732

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital		Length of stay in lb 73 yrs.	d. STREET ADDRESS (If outside, give location) 4023 Benton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Margaret Lenora Middle Mullin Last Mullin			4. DATE OF DEATH Month 6 Day 3 Year 59		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1881	9. AGE (In years last birthday) 78 yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kans, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles McCoy	13b. MOTHER'S MAIDEN NAME Mary Ann English	14. NAME OF HUSBAND OR WIFE John P. Mullin
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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 Mrs R.S. Gordon Address 4023 So. Benton
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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: Probable IMMEDIATE CAUSE (a) Pulmonary emboli due to Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Intertracheal fracture, femur, left DUE TO (c) 9040		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease with Ischemia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Fell at home
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20c. TIME OF INJURY Hour ? Month 5 Day 24 Year 59 a.m. ? p.m. ?	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE Mo.
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21. I attended the deceased from 5-26-59 to 6-3-59 and last saw her alive on 6-3-59 Death occurred at 3:58 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Abraham Gelpert (Degree or title) D	22b. ADDRESS General Hospital	22c. DATE SIGNED 6-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-5-59	23c. NAME OF CEMETERY OR CREMATORY St Mary's	23d. LOCATION (City, town, or county) K. C.	(State) Mo.
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24. FUNERAL DIRECTOR Melody McElroy Cyles	ADDRESS Woodland	25. DATE RECD. BY LOCAL REG. 6-3-59	26. REGISTRAR'S SIGNATURE Neva Minshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Abraham Gelpert, M.D.
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 *George B. Jackson*

Licensed Embalmer No. *5059*.....
P. O. Address *K. C. 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.