

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-024881

FILED VS AUG 4 1959

Registration District No. 133 Primary Registration District No. \_\_\_\_\_ Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Madison</b>		Length of stay in 1b <b>All life</b>		c. CITY OR TOWN <b>Cainsville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 miles South of Cainsville</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3 miles South of Cainsville</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>E.</b> Last <b>Mullins</b>				4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1959</b>			
5. SEX <b>Male</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>11-23-1908</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>		11. BIRTHPLACE (City and state or country) <b>Mercer Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>James William Mullins</b>			13b. MOTHER'S MAIDEN NAME <b>Lillie E. McQuerry</b>			14. NAME OF HUSBAND OR WIFE <b>Pauline P. 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>500-07-4795</b>		17. INFORMANT Address <b>Pauline P. Mullins, Cainsville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>						<b>15 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>						<b>5 yrs</b>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)			
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year						
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
21. I attended the deceased from <b>2-14-54</b> , to <b>7-30-59</b> and last saw <sup>see him</sup> <del>her</del> <b>7-30-59</b> Death occurred at <b>10:30 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>D. O.</b>				22b. ADDRESS <b>Bethany, Missouri.</b>		22c. DATE SIGNED <b>8-1-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-3-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bohemian Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>RFD Ridgeway, Mo.</b>			
24. EMBALMER'S DIRECTOR ADDRESS <b>Cainsville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-1959</b>	26. REGISTRAR'S SIGNATURE <b>Gella Moxey</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 20 1959

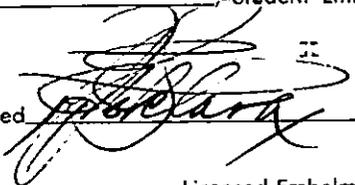
SEP 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by Eddie J. Stoklasa Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.