

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028581

FILED VS AUG 24 1959

Registration District No. Primary Registration District No. 3018 Registrar's No. 59

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 14 yrs		c. CITY OR TOWN Salem		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Roosevelt Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle F Last Mullack				4. DATE OF DEATH Month Aug. Day 1 Year 1959				
5. SEX male	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 2-6-1876	9. AGE (last birthday) 83	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) farmer		10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (City and state or country) Houston Mo		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME John Mullack			13b. MOTHER'S MAIDEN NAME Ellen McKinney			14. NAME OF HUSBAND OR WIFE Thena E Wilson		
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. x		17. INFORMANT Address Asa Mullack Salem 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 Renal Failure						INTERVAL BETWEEN ONSET AND DEATH 18 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis - Cerebral Hemorrhage						
		DUE TO (c) Ess. Hypertension						
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, 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		
21. I attended the deceased from 1950 to Aug 1 '59 and last saw her alive on Aug 1, 1959				Death occurred at 5:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Joseph R Burnett DO			22b. ADDRESS 415 E High Potosi Mo			22c. DATE SIGNED Aug 1 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8-4-59	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Hardy Ark			
24. FUNERAL DIRECTOR Spencer Salem, Mo.			25. DATE RECD. BY LOCAL REG. 8/2/59		26. REGISTRAR'S SIGNATURE M. M. Hart, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1939

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

Student _____
Signature of Student Embalmer

Signed Carl H. [Signature]

Licensed Embalmer No. 237

P. O. Address Staten

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.