

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033278**

**FILED VS OCT 13 1959**

*274*

Registration District No. *3057*

Primary Registration District No. *322*

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <i>Pettis</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i> Length of stay in 1b <i>55 yrs</i> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hospital</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i> c. CITY OR TOWN <i>Sedalia</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <i>608 So Washington</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <i>CORA</i> Middle <i>Lee</i> Last <i>Mullaley</i>			<b>4. DATE OF DEATH</b> Month <i>Oct</i> Day <i>3</i> Year <i>1959</i>				
<b>5. SEX</b> <i>Female</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <i>5-22-1886</i>	<b>9. AGE (last birthday)</b> <i>73</i>	<b>IF UNDER 1 YEAR</b> Months <i>3</i> Days <i>0</i>	<b>IF UNDER 24 HR</b> Hours <i>0</i> Min. <i>0</i>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>Home</i>		<b>11. BIRTHPLACE</b> (City and state or country) <i>Saline Co. Mo</i>		<b>12. CITIZEN OF WHAT COUNTRY</b> <i>U S A</i>	
<b>13a. FATHER'S NAME</b> <i>Gustavus Corbett</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Jennie Martin</i>		<b>14. NAME OF HUSBAND OR WIFE</b> <i>Edward Mullaley</i>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <i>none</i>		<b>17. INFORMANT</b> <i>Wm Mullaley</i> Address <i>Arlington Va</i>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>							
DUE TO (b) <i>Uremia Syndrome</i>							
DUE TO (c) <i>Generalized sclerosis</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Decubitus Ulcer - Sacral Area</i>							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <i>6:35 am</i> Month, Day, Year <i>17 Mar 59</i>							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE			
<b>21. I attended the deceased from</b> <i>17 Mar 59</i> to <i>30 Oct 59</i> and last saw her <i>alive on 20 Oct 59</i> . Death occurred at <i>6:35 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <i>Carl D. Sigel M.D.</i> (Degree or title)			<b>22b. ADDRESS</b> <i>1216 West 18th St. Sedalia Mo</i>		<b>22c. DATE SIGNED</b> <i>3 Oct 59</i>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <i>Burial</i>		<b>23b. DATE</b> <i>10-5-59</i>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <i>Crown Hill</i>		<b>23d. LOCATION</b> (City, town, or county) (State) <i>Sedalia Mo</i>		
<b>24. FUNERAL DIRECTOR</b> <i>M<sup>c</sup>Laughlin Bros</i> ADDRESS <i>Sedalia</i>		<b>25. DATE RECD. BY LOCAL REG.</b> <i>10-5-1959</i>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Frances Sheely</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 14 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 Harold Tempel, Student Embalmer No. 800

working under my personal supervision.

Student Harold Tempel  
Signature of Student Embalmer

Signed K.P. McFarland

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.