

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-036693

## FILED VS OCT 21 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 4249 Registrar's No. 70

RENDERED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HILLSBORO</u> Length of stay in 1b <u>72 YRS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFF</u> c. CITY OR TOWN <u>HILLSBORO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>EMMA</u> Middle <u>MEDORA</u> Last <u>McMULLIN</u>			<b>4. DATE OF DEATH</b> Month <u>OCT.</u> Day <u>14</u> Year <u>1959</u>				
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>DEC 8 1886</u>	<b>9. AGE (last birthday)</b> <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>RETIRED</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>HILLSBORO</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>RICHARD WATT McMULLIN</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY HONEY</u>			<b>14. NAME OF HUSBAND OR WIFE</b> _____	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT</b> Address <u>SAIDEE MORSE Hillsboro Mo.</u>			

<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) <u>Gen. arterio-sclerosis</u> DUE TO (b) <u>Porphyria</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>oste - arthritis severe.</u>		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 _____ Month, Day, Year _____ a.m. _____ p.m. <u>no</u>		<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 _____	

21. I attended the deceased from Dec 1 1952 to Oct 14, 1959 and last saw her alive on Oct 12, 1954  
 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Paul V. Refferty M.D.</u>		<b>22b. ADDRESS</b> <u>Desoto Mo</u>		<b>22c. DATE SIGNED</b> <u>Oct 13 59</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>23b. DATE</b> <u>Oct 16, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>HILLSBORO</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>HILLSBORO Mo</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Pietrich F. Home Desoto Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-19-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Oliver B. Gardner, Sec</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 21 1950

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 Donnell Fred Dietrich, Student Embalmer No. 588

working under my personal supervision.

Student Donnell Fred Dietrich Signed Donnell B. Dietrich  
Signature of Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Delato 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.