

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 17 1960

60-010660

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 45

| | | | | | | | |
|--|---|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Grundy</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tindal</u> | | Length of stay in 1b <u>18 yrs</u> | | c. CITY OR TOWN <u>Tindall</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Trenton, Mo. R-1</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CALVIN MACAMEY MULLINS</u> | | | | 4. DATE OF DEATH Month Day Year <u>March 6, 1960</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>1/9/1880</u> | 9. AGE (last birthday) <u>80/1/27</u> | 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) <u>farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u> | | 11. BIRTHPLACE (City and state or country) <u>Mt. Moriah, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Alfred Mullins</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Alexander</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ina Young Mullins</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>498-24-8405</u> | | 17. INFORMANT Address <u>Mrs. C. M. Mullins, Trenton, Mo., R-1</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>about</u> <u>One yr</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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 _____ a.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 <u>Dec-1958</u> to <u>March 6-1960</u> and last saw ^{her} him alive on <u>Feb. 22-1960</u> Death occurred at <u>12:30 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>BH Mullers M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Trenton, Mo.</u> | | 22c. DATE SIGNED <u>3-7-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>3/8/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Modena, Mercer Co., Mo.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gipson Funeral Home, Trenton, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>3/8/60</u> | 26. REGISTRAR'S SIGNATURE <u>Jane Jain</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1962

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 Hal Thornburgh
Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address Bx 95, Trenton

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.