

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-016298

FILED VS APR 18 1960

Registration District No. 170 Primary Registration District No. 3050 Registrar's No. 26

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pemiscot</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Caruthersville</b> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1100 Grand</b> 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 <b>Mo.</b> b. COUNTY <b>Pemiscot</b> c. CITY OR TOWN <b>Caruthersville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1100 Grand</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Willie Lee Mullins</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>March 29 1960</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11-11-1907</b>	<b>9. AGE (last birthday)</b> <b>52</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b> Hours _____ Min. _____ IF UNDER 24 HR Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Meadon, Tenn</b>		<b>11. BIRTHPLACE</b> (City and state of country) <b>USA</b> <b>12. CITIZEN OF WHAT COUNTRY</b>			
<b>13a. FATHER'S NAME</b> <b>Orbie Lee Mullins</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mattie Louella Parker</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Allie L. Mullins</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486-18-8784</b>		<b>17. INFORMANT</b> Address <b>Allie L. Mullins, Caruthersville, Mo.</b>			
<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) <b>Cancer of Larynx with Metastasis</b> 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					INTERVAL BETWEEN ONSET AND DEATH <b>9 months</b>		
<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 _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <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> _____ <b>COUNTY</b> _____ <b>STATE</b> _____			
<b>21. I attended the deceased from</b> <u>June 1959</u> <b>to</b> <u>March 1960</u> <b>and last saw her</b> <u>approximately 7:30a</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b> <b>him alive on</b> <u>3-29-60</u> Death occurred at _____							
<b>22a. SIGNATURE</b> <b>Cummins M.D.</b> (Degree or title)			<b>22b. ADDRESS</b> <b>Caruthersville, Mo.</b>		<b>22c. DATE SIGNED</b> <b>3-29-60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>3-31-1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Ridge</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kennett Missouri</b>		
<b>24. FUNERAL DIRECTOR</b> <b>McDaniel Funeral Ser. Kennett, Mo.</b> ADDRESS _____			<b>25. DATE RECD. BY LOCAL REG.</b> <b>4-9-60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Jack W Tipton</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 15 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed James E. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennerly

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.