

FEDERAL BUREAU OF INVESTIGATION
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 16 1960

59-60-031371
 STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton, Mo		Length of stay in 1b life		c. CITY OR TOWN Princeton, Mo		Inside Limits Yes <input type="checkbox"/> No <input 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)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Wesley Last Mulvania				4. DATE OF DEATH Month 8 Day 10 Year 60					
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1868	9. AGE (last birthday) 91	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) railroader			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James Mulvania			13b. MOTHER'S MAIDEN NAME Mary Foster			14. NAME OF HUSBAND OR WIFE Della M. Mulvania			
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. no		17. INFORMANT Address Mrs Della Mulvania Princeton, 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 Coronary Occlusion								INTERVAL BETWEEN ONSET AND DEATH Imm.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Passive congestion of the heart								2 mo	
DUE TO (c) Arteriosclerotic Heart Disease									
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 8-2-60 , to 8-9-60 and last saw her/him alive on 8-9-60 Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Wesley J. Case, D.O.</i>				22b. ADDRESS Princeton, Mo.			22c. DATE SIGNED 8-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-11-60		23c. NAME OF CEMETERY OR CREMATORY Princeton		23d. LOCATION (City, town, or county) (State) Princeton, Mo			
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo			25. DATE RECD. BY LOCAL REG. 8-11-60		26. REGISTRAR'S SIGNATURE <i>Noel Moss</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howe Swiss

Licensed Embalmer No. 263

P. O. Address Forest

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.