

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

235
=60-035796
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 4438 Registrar's No. 235

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jacksonville</u>		Length of stay in 1b Iyear		c. CITY OR TOWNS. of New <u>Cambria</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Private home.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>Bee Branch Township</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>Cordelia</u> Last <u>Mulnix</u>				4. DATE OF DEATH Month <u>September</u> Day <u>10</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/21/77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home.</u>		11. BIRTHPLACE (City and state or country) <u>Chariton County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel White</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Ramsey</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. S. Mulnix</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>No.</u>		17. INFORMANT Address <u>Ralph Mulnix, New Cambria, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u>						<u>12 hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>generalized arteriosclerosis & hypertension</u> (unknown)	
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>10-11-59</u> <u>7:25 P.</u> to <u>9-10-60</u> and last saw her him alive on <u>9-10-60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>A. L. Darden D.O.</u> (Degree or title)				22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>9-12-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sep. 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rice Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chariton County, Missouri</u>			
24. FUNERAL DIRECTOR <u>H. G. Hilliard</u> ADDRESS <u>New Cambria Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9-13-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

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 *H. J. Gilleland*, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. J. Gilleland*

Licensed Embalmer No. 4019

P. O. Address New Cambria

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