

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960

-60-042762

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 96-60 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>McDonald</u>		a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Anderson Rt.</u>		c. CITY OR TOWN <u>Anderson</u>	
Length of stay in 1b <u>1wk.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Rd. Rt. 3</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 3</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last <u>Thomas Frank Mullin</u>	Month Day Year <u>11-11-60</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</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>Oct. 24, 1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Const.</u>	11. BIRTHPLACE (City and state or country) <u>McDonald Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Bert Mullin</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Pace</u>	14. NAME OF HUSBAND OR WIFE <u>Nina Mullin</u>
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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>None</u>	17. INFORMANT Address <u>Mrs. Nina Mullin K. C. Mo.</u>
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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>Crushed Chest + Internal Injuries -</u>	<u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Truck Accident</u>	
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"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Truck Accident</u>
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20c. TIME OF INJURY <u>6:45</u> Hour p.m. Month, Day, Year <u>11-11-60</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Rd. Rt. 3</u>	20f. CITY, TOWN, OR LOCATION <u>Anderson</u>	COUNTY <u>McDonald</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 6:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. M. Humphrey Jr. Coroner</u>	22b. ADDRESS <u>Noel, Mo.</u>	22c. DATE SIGNED <u>11-14-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-15-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Peace Valley Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Anderson, Mo.</u>
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24. FUNERAL DIRECTOR <u>Humphrey + Son Anderson, Mo.</u>	ADDRESS <u>Nov 14, 1960</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 14, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mary U. Bradley</u>
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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, Md.

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.