

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008145
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 34

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Casper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u>	Length of stay in 1b <u>5 1/2 yrs</u>	c. CITY OR TOWN <u>Pilot Grove</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>St. Joseph Hosp.</u>		d. STREET ADDRESS <u>4 miles S of P.O.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>WILLIAM-CHARENCE-MULLETT</u>	4. DATE OF DEATH <u>March 15, 1961</u>
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5. SEX <u>Male wh</u>	6. COLOR OR RACE <u>wh</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>Feb 22, 1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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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>same</u>	11. BIRTHPLACE (City and state of country) <u>Pilot Grove, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Mullett</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Steele</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Mullett</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)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Nellie Mullett, Pilot Grove, 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: IMMEDIATE CAUSE (a) <u>Multiphase Myeloma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs -</u>
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) <u>none</u>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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 _____
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21. I attended the deceased from <u>3.13.61</u> to <u>3.15.61</u> and last saw <u>her</u> live on <u>3.15.61</u> Death occurred at <u>4:05 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Deceased or title) <u>Edward L. Friedman MD</u>	22b. ADDRESS <u>Pilot Grove, Mo</u>	22c. DATE SIGNED <u>3.16.61</u>
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23a. BURIAL CREATION, REMOVAL (Specify)	23b. DATE <u>Mar. 17, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
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24. FUNERAL DIRECTOR <u>Hays-Painter, Pilot Grove, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3/16/61</u>	26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAR 23 1961

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove

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.