SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

2996-61-021384

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2996 STATE FILE NUMBER

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 2 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3936 McGee St — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Infant Middle: Last: Mulkins
4. DATE OF DEATH Month: June Day: 14 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-14-61
9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 2 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: X X
11. BIRTHPLACE (City and state or country): Kansas City
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Paul E. Mulkins
13b. MOTHER'S MAIDEN NAME: Masako Hiruta
14. NAME OF HUSBAND OR WIFE: X X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Paul E. Mulkins, Address: Kansas City, 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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Premature labor — 3 hrs.
DUE TO (c) "?" Twins
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10 30 am 6-14-61, to 12 00 pm 6-14-61 and last saw ~~her~~ him alive on 6-14-61
Death occurred at 1 30 pm 6-14-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gene A. Schillie, M.D.
22b. ADDRESS 425 E 63 K.C., Mo.
22c. DATE SIGNED 6-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-15-61
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) Webb City (State) Mo.

24. FUNERAL DIRECTOR Wagner Funeral Home, ADDRESS K. C. Mo.
25. DATE RECD. BY LOCAL REG. 6-15-61
26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION — BY AFFIDAVIT OF Gene A. Schillie

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Was not embalmed., Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

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