

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043448

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 389

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Length of stay in 1b years	c. CITY OR TOWN Kirksville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 710 S. Bradford
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MARY Middle MAY Last MULLENIX			4. DATE OF DEATH Month December Day 27 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/2/15	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	11. BIRTHPLACE (City and state or country) Deltha, Putnam, No.		12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME Roscoe Mullenix		13b. MOTHER'S MAIDEN NAME Pearl Crooks		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Pearl Mullenix, Kirksville, Mo.
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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) Pneumonia, bilateral, Virus		INTERVAL BETWEEN ONSET AND DEATH 10 days.
DUE TO (b) _____		
DUE TO (c) Fracture, right Hip (head femur)		12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis, Obstruction Common Bile duct		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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.) Fell on steps at home.
20c. TIME OF INJURY Hour A.M. Month, Day, Year 12/14/61		

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.) Home	20f. CITY, TOWN, OR LOCATION Kirksville	COUNTY Adair Mo.	STATE Mo.
21. I attended the deceased from 12/16/61 to 12/27/61 and last saw her alive on 12/27/61 Death occurred at 9:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 12/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 30/61	23c. NAME OF CEMETERY OR CREMATORY Martintown	23d. LOCATION (City, town, or county) (State) Martintown, Putnam, Mo.

24. FUNERAL DIRECTOR Foster, Memorial Home, Kirksville, Mo.	ADDRESS 12-29-61	25. DATE RECD. BY LOCAL REG. Doris W. Ratliff	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

J. J. Wimp, M.D.

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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

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.