

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026379

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 64 Primary Registration District No. 5242 Registrar's No. 26

FILED AUG 15 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bee Branch Township		Length of stay in 1b 2 days.	c. CITY OR TOWN Jacksonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi. S. of New Cambria		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Eugene Dale W. Mullinix			4. DATE OF DEATH Month July Day 26 Year 1962
5. SEX Male	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 10/29/39
9. AGE (last birthday) 22yrs.		IF UNDER 1 YEAR Months 8 Days 27 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet-metal worker.		10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heating	11. BIRTHPLACE (City and state or country) E. Moline, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James Luther Mullinix	
13b. MOTHER'S MAIDEN NAME Dona Mae Teeter		14. NAME OF HUSBAND OR WIFE No.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes. Nov. 1958-May 1962		17. INFORMANT Address Mrs. J.W. Allred, Jacksonville, 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) Gun Shot Wound in Left Chest			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)			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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was shot in left chest with twenty two rifle	
20c. TIME OF INJURY Hour 2 Month, Day, Year July 26-62 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Bee Branch Twp. Chariton	COUNTY Mo STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.D. Barnett (Degree or title) Coroner of Chariton County		22b. ADDRESS Kennettville Mo	22c. DATE SIGNED 9/19/1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/28/62	23c. NAME OF CEMETERY OR CREMATORIUM Johnson Cemetery	23d. LOCATION (City, town, or county) (State) Chariton County, Missouri
24. FUNERAL DIRECTOR H.P. Billeland ADDRESS New Cambria, Mo.		25. DATE RECD. BY LOCAL REG. 7/28/62	26. REGISTRAR'S SIGNATURE Donald Berry by Chas. Wickham

USE BLACK INK OR TYPEWRITER RIBBON

VS AUG 1 4 1962

AUG 21 1962

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 Philip S. Brane

Licensed Embalmer No. 5182

P. O. Address Waco, 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.