

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18895

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 0217		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Garden City Rural</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Garden City Austin Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 5M South 4M West</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at her home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Mullen</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May-23-1863</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR Months <u>15</u> Days <u>15</u> Hours <u>15</u> Min. <u>15</u>		11. BIRTHPLACE (State or foreign country) <u>Lone Elm Cooper Co, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>David Rowe</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>William Edward Mullen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. L. Yoder</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>secondary hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville, Mo., Cass</u>		21f. HOW DID INJURY OCCUR? <u>fall</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>May 5, 1949, 3:15 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>49</u> , to <u>May 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>49</u> , and that death occurred at <u>3:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry B. Newton</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>6-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 10 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Austin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1.5 SE Austin Cass Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alpenborn Bros.</u>		ADDRESS <u>Archia Mo</u>	

(I, Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Bill J. Lacey Student Embalmer No. 254
working under my personal supervision.

Signed Bill J. Lacey.....
Student Embalmer

Signed Floyd Atkinson
Licensed Embalmer No. 3970
P. O. Address Harrisburg

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 this body is not embalmed, fact should be so stated above.