

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1259  
Registrar's No. 6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325

2280

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

1. PLACE OF DEATH a. COUNTY <u>(1) CRAWFORD</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL COURTOISE</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL COURTOISE 02X6</u>		d. STREET ADDRESS (If rural: give location) <u>10 MILES S.E. OF STEELVILLE</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGUERITE</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>MULLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 5, 1950.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>OCT. 25-1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>CRAWFORD Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>CHAS. VERNON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN F. MULLEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TOM MULLEN - STEELVILLE Mo.</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>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - (Cerebra)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>Oct. 29, 1942</u> to <u>Nov. 12, 1948</u> , that I last saw the deceased alive on <u>Nov. 12, 1948</u> and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>M. W. Rober</u> (Degree or title) _____		23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>2/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CUBA Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-10-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>76</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THOMAS S. HALBERT - STEELVILLE, Mo.</u>		

RECEIVED

3-17-50  
628444

District Health Officer No. 5,

District File Number 3-50-165

Date Filed 3-17-50

**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 .....  
Student Embalmer

Signed Thomas A. Galbert

Licensed Embalmer No. 4332

P. O. Address Hedville, 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 this body is not embalmed, fact should be so stated above.