

No. 300
10.48

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26290

0190

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

BIRTH NO. _____		REG. DIST. NO. <u>3</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>615 Main St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dot</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Mullen</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 20, 1894</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 Wks. Hours _____ Min. _____	
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>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Belton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William A. Holloway</u>		13b. MOTHER'S MAIDEN NAME <u>Addie M. Ambrose</u>		14. NAME OF HUSBAND OR WIFE <u>Russell S. 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>Russell M. Mullen Belton, 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>PULMONARY EDEMA, ACUTE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDITIS, ACUTE</u> DUE TO (c) <u>ASTHMATIC BRONCHITIS, RECURRENT</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LEUKOPENIA, CHRONIC, MILD</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>48 hrs.</u> <u>1 Yr.</u> <u>6 Mo.</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HARRISONVILLE, Cass, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2417</u>			
22. I hereby certify that I attended the deceased from <u>FEB. 7, 1948</u> , to <u>AUG. 22, 1950</u> , that I last saw the deceased alive on <u>AUG. 22, 1950</u> , and that death occurred at <u>11:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>				23b. ADDRESS <u>BELTON, Mo.</u>		23c. DATE SIGNED <u>8-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Russell J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. T. Jones & Sons</u>		ADDRESS <u>Belton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 2 - 1950
CASS COUNTY
HEALTH DEPARTMENT

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *A. R. George*

Signed.....
Student Embalmer

Licensed Embalmer No. *3645*

P. O. Address *Grandview, 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.