

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16209

State File No. ....

FILED JUN 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 476-

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford</u> <u>0391</u>		d. STREET ADDRESS (If rural, give location) <u>Strafford, Mo. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1614 Benton Jones Rest Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Mullinax</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Jan. 30 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Martin Mullinax</u>		13b. MOTHER'S MAIDEN NAME <u>Maria West</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. B. Grier Strafford, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>7/6</u>		19b. MAJOR FINDINGS OF OPERATION <u>7/6</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>7/6</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/6</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/10 1951</u> , to <u>5/28 1951</u> , that I last saw the deceased alive on <u>5/28 1951</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. H. Focht M.D.</u> (Degree or title)				23b. ADDRESS <u>Strafford Mo</u>		23c. DATE SIGNED <u>5/31/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAY 30 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mullinax Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Strafford, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-2-51</u>		REGISTRAR'S SIGNATURE <u>W E Landry M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner &amp; Co. Springfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Ogle Stone Jr*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4176*

P. O. Address..... *Springfield 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.