

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17011

State File No.

FILED MAY 22 1951

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>291</u>					
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>2 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>728 Minnesota</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>728 Minnesota</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Mullins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>April 1893</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>			11. BIRTHPLACE (State or foreign country) <u>Lawrence Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Mullins</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Staele</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Mullins, 728 Minnesota</u>						ADDRESS <u>Joplin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractured Rib - broken</u> ANTECEDENT CAUSES <u>Cerebral Decomposition, Nutritional Edema</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe secondary anemia</u> DUE TO (c) <u>Severe secondary anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>13 Days</u> <u>Unusually</u> <u>0124</u> <u>0025</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>8th & Main</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE). <u>Joplin Jasper Mo.</u>		21f. HOW DID INJURY OCCUR? <u>struck by hit and run driver</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 4 51 m.</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>May 12 1951</u> , to <u>May 14 1951</u> , that I last saw the deceased alive on <u>May 14 1951</u> , and that death occurred at <u>10:17</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				(Degree or title)		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>5-18-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Jasper Missouri</u>					
DATE REC'D BY LOCAL REG. <u>5-18-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>David Dillon</u>		ADDRESS <u>Funeral Home</u>		<u>Joplin, Mo.</u>			

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

445
0

0425
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RECEIVED 5-21-51
Jasper County Health Office

County File Number 51/5/411

Date Filed 5-21-51

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.

Signed William M. King

Signed _____
Student Embalmer

Licensed Embalmer No. 3566

P. O. Address Joplin 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.