

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20679

570
1

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

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u> <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>South 4th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>MELZINA</u> c. (Last) <u>Mulherin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-1951</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>2-28-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>77</u> # UNDER 1 YEAR Months <u>3</u> # UNDER 2 HRS. Hours <u>16</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John TAMRON</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Samuel I. Mulherin</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Mulherin St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Hypertension</u> 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 <u>443x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Aug 19 36</u> , to <u>June 14, 1951</u> , that I last saw the deceased alive on <u>June 14, 1951</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. H. Callaway D.O.</u> (Degree or title)		23b. ADDRESS <u>Elsberry Mo</u>	
23c. DATE SIGNED <u>6-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Mo</u>		DATE REC'D BY LOCAL REG. <u>6-29-1951</u> REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kuentz</u> 443	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u>		ADDRESS <u>Elsberry, Mo</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 30 1951
RECEIVED

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~~ June 14

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clifton Miller

Licensed Embalmer No.

3364

P. O. Address

Elshem, 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.