

uter
S. No. 300
EV. 10.48

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22005

0071
0

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

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY: <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Walnut - twp</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Worland 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>H.</u> c. (Last) <u>Mullies</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-1951</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-13-1881</u>		9. AGE (In years last birthday) <u>69</u> <u>8</u> <u>8</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>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>V. S. Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Smith</u>	
14. NAME OF HUSBAND OR WIFE		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 <u>Wan Mullies R.F.D. Pleasanton, Kans.</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>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</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>July 20, 1951</u> , to <u>July 21, 1951</u> , that I last saw the deceased alive on <u>7/21, 1951</u> , and that death occurred at <u>8:50 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ronald L. Howard</u>				23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>7/25/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasanton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasanton, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>July 20 1951</u>		REGISTRAR'S SIGNATURE <u>Rendall Kersy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Kadewood</u> ADDRESS <u>Butler, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-31-51

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed Robert G. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.