

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 31773
 Registrar's No. 4140

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|--|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>30 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3733 Central</u> | | | | d. STREET ADDRESS <u>3733 Central</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRINGTON</u> b. (Middle) <u>B.</u> c. (Last) <u>MULLEN</u> | | | 4. DATE OF DEATH | | (Month) <u>9</u> (Day) <u>19</u> (Year) <u>52</u> | | | |
| 5. SEX <u>Ma</u> | | 6. COLOR OR RACE <u>wh</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>12-16-1890</u> | | |
| 9. AGE (In years last birthday) <u>61</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Mins. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mig. Rm. Agent</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wm. W. Mullen</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Burrows</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary B. 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 # <u>337-05-2384</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary B. Mullen, 3733 Central</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>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>none</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>year</u> <u>3 yrs</u> <u>4201</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 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) <u>no</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>June</u> , 19 <u>50</u> , to <u>Sept 19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7 pm</u> , 19 <u>52</u> and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>M. B. Casbolt</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>4000 Baltimore</u> | | 23c. DATE SIGNED <u>9-20-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-22-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-20-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J W Wagner</u> | | ADDRESS <u>K C Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

11000 H. Hoffmann
VA-5115

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.

Student
Student Embalmer

Signed Alvin R. Haunschield

Licensed Embalmer No. 4159

P. O. Address K. C. 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.