

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35529**

NOV 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **4264** Registrar's No. **163**

0530

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

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Conway</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Phillipsburg</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conway mo</b>		d. STREET ADDRESS (If rural, give location) <b>Shanks Garage</b>	

3. NAME OF DECEASED a. (First) <b>Nova D.</b> b. (Middle) <b>Robert</b> c. (Last) <b>Mullins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 28, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 24, 1901</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>auto</b>		11. BIRTHPLACE (State or foreign country) <b>Putman Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Ben Mullins</b>		13b. MOTHER'S MAIDEN NAME <b>Mary H. Erickson</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth L. Mullins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>479-24-1817</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edwin L. Mullins Ft Worth Texas</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoralis</b>		INTERVAL BETWEEN ONSET AND DEATH
	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	19b. MAJOR FINDINGS OF OPERATION <b>4202</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **10-15, 1952** to **10-27, 1952**, that I last saw the deceased alive on **10-15, 1952**, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Anderson M.D.</b> (Degree or title)	23b. ADDRESS <b>Conway Mo.</b>	23c. DATE SIGNED <b>11-3-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/1/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unionville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Unionville Putman Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-6-1952</b>	REGISTRAR'S SIGNATURE <b>W. E. Helms</b>	424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. E. Helms Lebanon Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1952

Received .....

Laclede County Health Unit

File No. 11-52-153

Date Filed NOV 10 1952

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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.....  
Student Embalmer

Signed *Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.