

0260

# STANDARD CERTIFICATE OF DEATH

State File No. **35986**

**FILED OCT 29 1952**

REG. DIST. NO. **291**

PRIMARY REG. DIST. NO. **5998**

Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MO</b> b. COUNTY <b>PUTNAM</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POWERSVILLE York</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POWERSVILLE 0866</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Town</b>		d. STREET ADDRESS (If rural, give location) <b>TOWN</b>	

3. NAME OF DECEASED (Type or Print) <b>JAMES ALEXANDER MULLIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-8-52</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>JULY 25-1862</b>
9. AGE (In years last birthday) <b>90</b>		10. KIND OF BUSINESS OR INDUSTRY <b>RETIRED JOURNALIST</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Liver, I</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>SAMUEL MULLIN</b>	13b. MOTHER'S MAIDEN NAME <b>RICHEL WATKINS</b>	13c. NAME OF HUSBAND OR WIFE <b>POLLY ANN MULLIN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Polly Ann Mullin Powersville</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Lungs</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) <b>Cancer of lip (lower)</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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **Feb 1**, 19**49**, to **Sept. 8**, 19**52**, that I last saw the deceased alive on **Sept 8**, 19**52**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Dale RO</b>	23b. ADDRESS <b>Newtown, Mo.</b>	23c. DATE SIGNED <b>Sept 12/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Sept 10, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>POWERSVILLE Cem. POWERSVILLE, Mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>10-25-52</b>	REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>J. H. Shuster, Jr.</b>	ADDRESS <b>Unionville</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *F. H. Husted*

Licensed Embalmer No. 2973

P. O. Address Unionville

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.