

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>	
b. CITY OR TOWN <u>POWERSVILLE</u> <u>York 2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>POWERSVILLE</u> <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS _____ (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>POLLY</u> b. (Middle) <u>ANN</u> c. (Last) <u>MULLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-30-52</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>DEC 31, 1897</u>	9. AGE (In years last birthday) <u>94</u> Months <u>8</u> Days <u>29</u>	10. IF UNDER 18 REG. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co ARIC</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>ANDREWS OSBORN</u>	13b. MOTHER'S MAIDEN NAME <u>CHARLETTE MOORE</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES MULLIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>7 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</u> 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 <u>4222</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Feb 1, 1949, to Sept 30, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DD</u>	23b. ADDRESS <u>Newtown, Mo.</u>	23c. DATE SIGNED <u>Sept 17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>Oct 2, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE Cem</u>	24d. LOCATION (City, town, or county) (State) <u>POWERSVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>10-25-52</u>	REGISTRAR'S SIGNATURE <u>Marvell Durb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. D. HUSTON</u> ADDRESS <u>Waverly Unionville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0860

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 \_\_\_\_\_

*FOHusted*

Signed.....

Student Embalmer

Licensed Embalmer No. *2976-*

P. O. Address \_\_\_\_\_

*Winnfield*

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.