

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41600

State File No. ....

FILED JAN 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1366

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEARBORN</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		0830!	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. METH. HOSP.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>CLINTON</u> c. (Last) <u>MULLENDORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24, 1952</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 15, 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>PLATTE CO, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>JEROME MULLENDORE</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE MAY</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH DUNCAN</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 NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH MULLENDORE</u> ADDRESS <u>DEARBORN</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Hemorrhage</u>		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) <u>Prostatic Hypertrophy</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>			

19a. DATE OF OPERATION <u>12-20-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy &amp; hemorrhage</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 Dec 19, 1952 to Dec 24, 1952 that I last saw the deceased alive on Dec 24, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert P. Brown, M.D.</u>		23b. ADDRESS <u>211 P.O. Bldg ST. JOSEPH MO</u>		23c. DATE SIGNED <u>6-2-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEARBORN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DEARBORN MO</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 31, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN-AUFRANC</u> ADDRESS <u>DEARBORN, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 1 9 1952

JUL 2 1957

MAR 20 1957

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

*W. R. Vaughn*

Licensed Embalmer No.

*4023*

P. O. Address

*Weston, 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.