

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35655

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>157</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Trenton, Mo</u>		c. LENGTH OF STAY (in this place) <u>4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>10650</u> OR TOWN <u>Princeton, Mo</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Culler Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>T.</u> c. (Last) <u>Mullinax</u>					
4. DATE OF DEATH <u>11-4-53</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>11-30-1862</u>		9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker and farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Elia Mullinax</u>		13b. MOTHER'S MAIDEN NAME <u>MOSS</u>			
14. NAME OF HUSBAND OR WIFE <u>Clara Mullinax</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Geo. T. Mullinax Princeton, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>about 2 weeks</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>Oct. 12, 1953</u> , to <u>Nov. 4, 1953</u> , that I last saw the deceased alive on <u>Nov. 4, 1953</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Anderson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>11-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-6-53</u>		REGISTRAR'S SIGNATURE <u>J. E. J. 115</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Noel Moss Princeton, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul Mason

Licensed Embalmer No. 2684

P. O. Address Sancton M

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.