

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Barnum 38921
State File No.

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 3883 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chapel Twnship		c. LENGTH OF STAY (in this place) 73 yrs	c. CITY OR TOWN Mtn. View
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Route #2	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MULLANEY c. (Last) MULLANEY			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16-1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb. 6 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 9 IF UNDER 10 HRS. Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Rt 2 Mtn. View, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michel Mullaney		13b. MOTHER'S MAIDEN NAME Sarah Green		14. NAME OF HUSBAND OR WIFE Addie Mullaney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Mullaney Rt 2 Mtn View, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		20. AUTOPSY? YES <input 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)		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 Nov 15, 1953, to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley Barnum M.D.		23b. ADDRESS Mountain View, Mo.		23c. DATE SIGNED 12-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/22/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	
				24d. LOCATION (City, town, or county) (State) Mtn View, Mo.	

DATE REC'D BY LOCAL REG. 12-4-53		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn. View, Mo.	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joe P. Duncan*.....

Licensed Embalmer No. *4325*.....

P. O. Address *Mt. View*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.