

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8836

State File No. _____

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1100

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kansas City		c. LENGTH OF STAY (in this place township) 58 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 4414 Washington		e. STREET ADDRESS (If rural, give location) 109 4414 Washington 3698	
3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) Agnes c. (Last) MULLEN		4. DATE OF DEATH (Month) (Day) (Year) March 9, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 3-15-74
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Des Moines, Iowa
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Karl F. Brown		13b. MOTHER'S MAIDEN NAME Amelia Storz	14. NAME OF HUSBAND OR WIFE John W. Mullen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Koto McGrath, 4414 Washington, KC, Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis INTERVAL BETWEEN ONSET AND DEATH 3 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Ulcer 3 weeks DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bleeding Hemorrhage 3 weeks	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 5400	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) no		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 Jan 1, 1954 , to Mar 9, 1954 that I last saw the deceased alive on Mar 9, 1954 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE M. B. Casabolt		23b. ADDRESS 4000 Baltimore Md	
23c. DATE SIGNED 3/10/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-54	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-11-54		REGISTRAR'S SIGNATURE Sheldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGillye-Bylar		ADDRESS Kansas City, Mo.	

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

Dr. Caswell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glew & Heck*.....

Licensed Embalmer No. *400*

P. O. Address *Kansas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.