

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9450

State File No.

FILED APR 14 1954 BIRTH NO. ... REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>California, Mo Walker</u>)		c. CITY OR TOWN <u>California, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 Wk</u>		• STREET ADDRESS (If rural, give location) <u>208 South High</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Redman</u> c. (Last) <u>Mull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/9/54</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>Jan 10 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Granit Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Toomstones</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Geo Mull</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Grant</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Mull</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>95.05.9049A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Mull</u> ADDRESS <u>Calif, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>1561</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 1-8 12/27, to 7-9, 1954, that I last saw the deceased alive on 4-8, 1954, and that death occurred at 7-9 1954, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Lionel M. Gallagher MD</u>	23b. ADDRESS <u>California Mo.</u>	23c. DATE SIGNED <u>4-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemt</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall. Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-10-54</u>	REGISTRAR'S SIGNATURE <u>H. L. Poppey</u> 506	25. FUNERAL DIRECTOR'S SIGNATURE <u>East Bowlin - California</u> ADDRESS <u>MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
No. 48

1961 9 7MP

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..... *Jack H. Bowlin*

Licensed Embalmer No. *193*

P. O. Address *California*

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.