No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 8 1954

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

State File No. 36792

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5230 Registrar's No. 188

**1. PLACE OF DEATH**
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Raymore
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile north Raymore

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Belton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1 mile north Raymore 0190

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOSEPH
b. (Middle): VINSON
c. (Last): MULLINIX

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 23, 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 4, 1888
**9. AGE** (In years last birthday): 66 — 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): farming
**10b. KIND OF BUSINESS OR INDUSTRY**: own farm
**11. BIRTHPLACE** (City and State or Foreign Country): Ray Co., Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Mullinix
**13b. MOTHER'S MAIDEN NAME**: Nancy Bogges
**14. NAME OF HUSBAND OR WIFE**: Temply Mullinix

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Joe Mullinix — **ADDRESS**: Belton, Mo.

**MEDICAL CERTIFICATION**

**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) Coronary Occlusion, Acute — Interval between onset and death: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Arteriosclerosis — 5 yrs.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocarditis, Chronic — 8 yrs.

**19a. DATE OF OPERATION**: _____
**19b. MAJOR FINDINGS OF OPERATION**: _____
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): None
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): None
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Raymore Twsp., Cass, Missouri
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): None m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: None

22. *I hereby certify that I attended the deceased from* Apr. 28, 1948, *to* Nov. 23, 1954, *that I last saw the deceased alive on* Oct. 23, 1954, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Herbert A. Tracy — (Degree or title): M.D.
**23b. ADDRESS**: Belton, Mo.
**23c. DATE SIGNED**: 11-24-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-24-54
**24c. NAME OF CEMETERY OR CREMATORY**: Pleasant Hill Cemetery
**24d. LOCATION** (City, town, or county) (State): Pleasant Hill, Missouri

**DATE REC'D BY LOCAL REG.**: Nov 26, 1954
**REGISTRAR'S SIGNATURE**: Dora Barnard 457-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Richard E. George — **ADDRESS**: E. R. George & Sons Inc, Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 29 1954
HEALTH DEPARTMENT

**STATEMENT BY LICENSED EMBALMER**

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belfast, M

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