

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1955

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>1</u>							
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>601 ISLEY BLVD.</u>				e. STREET ADDRESS (If rural, give location) <u>601 ISLEY BLVD. 6002</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>			b. (Middle) _____		c. (Last) <u>MULLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1 1955</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG. 23, 1863</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>BENJAMIN MILLER</u>			13b. MOTHER'S MAIDEN NAME <u>SABINA WEAVER</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN MULLINS</u>							
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>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JEAN KING, ROGERS, NEBRASKA</u>			ADDRESS				
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) <u>Embolism</u>						<u>instant</u>			
				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) <u>fracture of hip 11/22/54</u>									
				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 <u>12/24/54</u>			19b. MAJOR FINDINGS OF OPERATION <u>Pinned hip- Dr. C. C. McCullough</u>						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) <u>1000</u>								
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?								
22. I hereby certify that I attended the deceased from <u>12/22/54</u> 19 <u>54</u> , to <u>1/1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/31/54</u> , 19 <u>54</u> , and that death occurred at <u>1:00P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>[Signature]</u> M. D.				23b. ADDRESS <u>Excelsior Springs, Mo.</u>				23c. DATE SIGNED <u>1/3/55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>1/11/55</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchins</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Prichard</u>			ADDRESS <u>Excelsior Springs, Mo.</u>					

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~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ludell Jarman*.....

Licensed Embalmer No. *458*  
*Excelsior Springs,*  
P. O. Address.....

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.