

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8343

State File No. ....

FILED APR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1228

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 town or township) KANSAS CITY

c. LENGTH OF STAY (in this place) 62 yrs.

c. CITY OR TOWN KANSAS CITY

d. Is Residence within limits of city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4928 TRACY

STREET ADDRESS (If rural, give location) 4928 Tracy

3. NAME OF DECEASED  
a. (First) Loretta b. (Middle) E. c. (Last) Mullin

4. DATE OF DEATH (Month) (Day) (Year) March 17-1955

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 18, 1892

9. AGE (In years last birthday) 62 yrs

IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Michael Vaughn

13b. MOTHER'S MAIDEN NAME Margaret Kaliaher

14. NAME OF HUSBAND OR WIFE Michael E. Mullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME (If C. No. address) Michael Edward Mullin, Jr. -- Son

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Cervix  
  
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.

INTERVAL BETWEEN ONSET AND DEATH  
20 hrs.  
  
171X

19a. DATE OF OPERATION 6/19/55

19b. MAJOR FINDINGS OF OPERATION Carcinoma Cervix

20. AUTOPSY? YES  NO

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) Missouri

21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1953, to 3/16, 1955, that I last saw the deceased live on 3/16, 1955, and that death occurred at 54 m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Cochran M.D.

23b. ADDRESS 315 Nichols Rd

23c. DATE SIGNED 3/17/55

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/19/55

24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 3-18-55 neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin-20 W. Linwood, K.C. MO.

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 *Forrest D. Coldson* .....

Licensed Embalmer No. *4719*.....

P. O. Address *K. E. Md.*.....

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.