

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33427
4318

State File No.

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4318

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Town</u> <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>54 mo</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4010 Roanoke Road</u>		10. STREET ADDRESS (If rural, give location) <u>4010 Roanoke Road 3709</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John.</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Mullins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1955</u>
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5. SEX <input type="checkbox"/> Male	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 5, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Express</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>James David Mullins</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Mullins</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>714 07 1112</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Mullins, wife,</u> ADDRESS <u>Kansas City,</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18th</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma bladder.</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June, 1954, to Oct 6, 1955, that I last saw the deceased alive on Sept 29, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. E. Derrington</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>5808 Reed Road Mission, Kansas</u>	23c. DATE SIGNED <u>10/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park,</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-8-55</u>	REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home,</u> ADDRESS <u>Kansas City, Kans.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Mary L. Gates*.....

Licensed Embalmer No. *24*

P. O. Address *Kansas City*

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.