

FILED FEB 7 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43384**

BIRTH NO.		REG. DIST. NO. 4293		PRIMARY REG. DIST. NO. 181		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY OR TOWN Elsberry		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Elsberry		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 Katie Jane Home				e. STREET ADDRESS (If rural, give location) South Fourth St⁰⁵⁷⁰			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) II		c. (Last) Mulherin		4. DATE OF DEATH (Month) (Day) (Year) 12 31 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-29-1867	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Month 2 Days 2		IF UNDER 24 HRS. Hour 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Pike County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Henley K. Mulherin		13b. MOTHER'S MAIDEN NAME Bettie Brimer		14. NAME OF HUSBAND OR WIFE Ida Mulherin (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arnold J. Evans Elsberry Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Bronchial Asthma					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 June , 1945, to Dec 31 , 1955, that I last saw the deceased alive on Dec 31 , 1955, and that death occurred at 9:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M H Callaway D.O.				23b. ADDRESS Elsberry Mo		23c. DATE SIGNED 12-31-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-2-1956		24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry Lincoln Mo.	
DATE REC'D BY LOCAL REG. 2/6/56		REGISTRAR'S SIGNATURE 455 Mrs Clarence Kintz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifton Miller - Elsberry, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

4

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 Dec. 31 - 1955, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Clifton Miller
Licensed Embalmer No. 33
P. O. Address Elsberry

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.