

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12429**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **453**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>									
b. CITY OR TOWN <b>St. Joseph,</b>		c. LENGTH OF STAY (in this place) <b>30 yrs</b>		c. CITY OR TOWN <b>St. Joseph,</b>		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 <b>Waverly Res.</b> <b>914 N. 3rd St.</b>				e. STREET ADDRESS (If rural, give location) <b>914 N. 3rd Street</b> <i>OWT</i>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mabel</b>			b. (Middle)		c. (Last) <b>Mullins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 20, 1956</b>						
5. SEX <b>female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 21, 1892</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Self.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Albany Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>George Nelson</b>				13b. MOTHER'S MAIDEN NAME <b>Emma Baldock</b>				14. NAME OF HUSBAND OR WIFE <b>Robert Mullins</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Davis Plattsmouth, Nebraska</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>DIABETES</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BRONCHOPNEUMONIA</b> DUE TO (c) <b>CONGESTIVE HEART FAILURE 1 YR.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>NOT KNOWN</b>  <b>2 weeks</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>260X</b>								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) <b>ST JOSEPH BUCH. MO</b>		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 <b>4-8, 1956</b> , to <b>4-20, 1956</b> , that I last saw the deceased alive on <b>4-20, 1956</b> , and that death occurred at <b>1:50 P.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>J. E. Zuehrow D.O.</b>						23b. ADDRESS <b>409 No 13th St. City</b>			23c. DATE SIGNED <b>4-23-56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/23/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public Cemetery, St. Joseph, Mo.</b>				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo</b>					
DATE REC'D BY LOCAL REG. <b>Apr 26, 1956</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>				FEDERAL DIRECTOR'S SIGNATURE <b>John E. Rupp</b>		ADDRESS <b>St. Joseph, Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....  
Signature of Student Embalmer

Signed *John E. Rupp*.....  
Licensed Embalmer No. *30*.....

P. O. Address *St. Joe*.....

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