

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21549

State File No.

FILED JUL 2 1956 REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4435 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Mo.</u>		c. CITY - OR TOWN <u>Perry, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>18yrs</u>		• STREET ADDRESS (If rural, give location) <u>Perry, Missouri.</u> <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u>		b. (Middle) <u>L.</u> c. (Last) <u>MULDROW.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 12, 1885</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John R. Muldrow</u>		13b. MOTHER'S MAIDEN NAME <u>Kate LaFon</u>	
14. NAME OF HUSBAND OR WIFE <u>Lorena Muldrow</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 ADDRESS <u>Mrs Lorena Muldrow Perry, Mo.</u>
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) <u>Coronary Thromboses</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Sclerosis</u> <u>2 1/2</u>	
DUE TO (c) <u>Decompensated Heart</u>			
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 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 <u>Jan 1</u> 19 <u>55</u> to <u>June 20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 20</u> , 19 <u>56</u> , and that death occurred at <u>10:15 PM</u> on <u>June 20</u> , 19 <u>56</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. West T. Swan D.O.</u>		23b. ADDRESS <u>Perry, Missouri.</u>	23c. DATE SIGNED <u>6-22-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-22-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>6-22-56</u>	REGISTRAR'S SIGNATURE <u>Clyde C. Welby</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. Welby Perry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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..... *Clyde C. Wilkes*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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.