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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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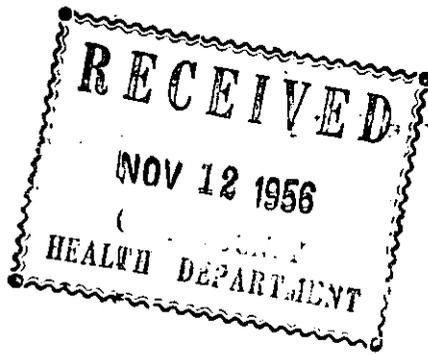
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 59

38391
 STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. Primary Registration District No. **5227** Registrar's No. **154**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cass				a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Harrisonville, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kansas City		3218 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Pleasant View R.H.		Length of stay in lb Rest Home 6 wks		d. STREET ADDRESS (If outside, give location) 1241 Fremont		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First John Middle Edward Last Mullen			Nov 5 1956				
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	14 Feb 1875	81	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Ret. Foundry Foreman		American Radiator		Cuba Missouri		U. S	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Patrick Mullen				Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
No		X X X X		NONE		Mr. John R. Mullen 5107 E 40th. K. C. Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH 4 hrs
PART I: DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Pulmonary Odema							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Cardiac Insufficiency							
DUE TO (c) Arteriosclerosis							
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
							4221
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
				Harrisonville, Mo		Kansas City Missouri	
21. I attended the deceased from Sept. 20, 1956 to Nov. 5, 1956 and last saw him him alive on Nov. 5, 1956							
Death occurred at 11:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. E. Gensch</i> (Degree or title)				22b. ADDRESS Harrisonville, Mo		22c. DATE SIGNED Nov. 5, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Nov 10, 1956		Floral Hills Cem		Kansas City Missouri	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
FLORAL HILLS MEMORIAL CHAPEL INC. K.C. MO				Nov. 5, 1956		<i>Nora Barward</i>	



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 *Ernest L. Seel*.....

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.