

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

139222

FILED MAY 15 1957

STATE FILE NUMBER

Registration District No. 206

Primary Registration District No. 5744

Registrar's No. 21

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CASTOR TOWNSHIP</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>CASTOR TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FREDERICK TOWN</u>				Length of stay in 1b <u>10 YRS.</u>		d. STREET ADDRESS <u>9 1/2 m. S.E. of Fredericktown</u>	
3. NAME OF DECEASED (Type or print) <u>ROWENA JANE MULLINS</u>			First Middle Last	4. DATE OF DEATH <u>MAY 7 1957</u>		Month Day Year	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 8, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>GREENE CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY HOLL</u>				14. MOTHER'S MAIDEN NAME <u>ROWENA FREEMAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>CLARENCE THOMPSON - FREDERICK TOWN, MO.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
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	
21. I attended the deceased from <u>5/7/57</u> to <u>5/7/57</u> and last saw her <u>alive</u> on <u>5/7/57</u> . Death occurred at <u>8:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. J. Woodman</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Fredricks town Mo</u>		22c. DATE SIGNED <u>5/9/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 10, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITEWATER CHRISTIAN</u>		23d. LOCATION (City, town, or county) (State) <u>PERRY COUNTY, MO.</u>		
24. FUNERAL DIRECTOR <u>J. L. Dawson</u> ADDRESS <u>FREDERICK TOWN, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>5-9-1957</u>		25. REGISTRAR'S SIGNATURE <u>Florence Hicks</u>		

(Licensed Embalmer's Statement on Reverse Side)

187-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
MAY 14 1957
RECEIVED

FILE NO. 527-33

MAY 8 1957

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 *Raymond B. Wilson*

Licensed Embalmer No. 488

P. O. Address *Fredericktown*

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.