

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23904**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. LENGTH OF STAY (in this place) <b>10 years</b>	c. CITY OR TOWN <b>Excelsior Springs</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elms Hotel</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>220 Ridgeway</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Alva</b>	b. (Middle) <b>C</b>	c. (Last) <b>Mullin</b>	(Month) <b>July</b>	(Day) <b>8</b>	(Year) <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug, 1, 1901</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dept Head</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steam baths</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dept Head</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Steam baths</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Alexander Mullin</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Branson</b>		14. NAME OF HUSBAND OR WIFE <b>Althea D Dyer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-01-8348</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Alva C Mullin, Excelsior Springs, Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angine Pectoris</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b> <b>Arterio Sclerosis</b>		
	DUE TO (c) <b>-</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> 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 **1949**, to **1957**, that I last saw the deceased alive on **7-8**, 1957, and that death occurred at **2:00 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Stewart</b>		(Degree or title) <b>H. D.</b>		23b. ADDRESS <b>Elms Hotel, Excelsior Springs Mo</b>		23c. DATE SIGNED <b>7-9-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-10-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-20-57</b>		REGISTRAR'S SIGNATURE <b>Barbara Hutchings</b>		25. FUNERAL HOME, ADDRESS <b>Richards Funeral Home, Inc. Excelsior Springs, Missouri</b>			

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



AUG 5 1957

JUG 18 1957

MAR 19 1958

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

Signature *Lindsey Herman*

Licensed Embalmer No. *458*  
P. O. Address *Excelsior Springs*

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.