

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022381
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 104

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Laclede | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 Taylor | | Length of stay in lb 2 months | d. STREET ADDRESS (If outside, give location) 310 Taylor Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Alice Middle Rebecca Last Mulligan | | | 4. DATE OF DEATH Month 6 Day 24 Year 1958 | | |
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|----------------------|----------------------------------|--|-------------------------------------|--|--|--|
| 5. SEX fem | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 8-7-1884 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 10 Days 17 | IF UNDER 24 HRS. Hours 0 Min. 0 |
|----------------------|----------------------------------|--|-------------------------------------|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 11. BIRTHPLACE (City and state or country) Laclede Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Jocelyn Mulligan | 13b. MOTHER'S MAIDEN NAME Hostetler | 14. NAME OF HUSBAND OR WIFE Albert Dunn (dec'd) |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Mrs. Della Parmelee 310 Taylor, Lebanon Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Paralytic Stroke Cardiac Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) 334 X DUE TO (c) 334 X | | INTERVAL BETWEEN ONSET AND DEATH 1 day 30/min |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour 12:45 Month, Day, Year June 24 1958 a.m. 12:45 p.m. | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Lebanon | COUNTY Mo. | STATE Mo. |
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| 21. I attended the deceased from June 24 to June 24 1958 and last saw her alive on June 24-58 Death occurred at June 24-58 12:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE D. Bohrer (Degree or title) 2 D.O. | 22b. ADDRESS LEBANON Mo | 22c. DATE SIGNED 6-27-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 6-27-1958 | 23c. NAME OF CEMETERY OR CREMATORY Harmony Baptist Cemetery | 23d. LOCATION (City, town, or county) (State) Laclede Mo. |
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| 24. FUNERAL DIRECTOR Warren C. Simpson ADDRESS LEBANON Mo. | 25. DATE RECD. BY LOCAL REG. 6-27-1958 | 26. REGISTRAR'S SIGNATURE Hella L. Hay |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received JUN 30 1958
 Laclede County Health Unit
 File No. 104
 Date Filed JUN 30 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

Signed George Stapp
 Licensed Embalmer No. 3161
 P. O. Address St. Louis, 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.