

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043006

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 240

Primary Registration District No. 6152

Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Dexter</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>R.F.D. #3</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>Monroe</b> Last <b>Mullen</b>			4. DATE OF DEATH <b>Nov. 7, 1958</b> Month <b>Nov.</b> Day <b>7</b> Year <b>1958</b>		
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 12, 1879</b>	9. AGE (In years (birth day)) <b>79</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Road Commissioner</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Logan County, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>John H. Mullen</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Crawford</b>		14. NAME OF HUSBAND OR WIFE <b>Cyntha Mullen</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-12-9340</b>		17. INFORMANT <b>Mrs. Cyntha Mullen, Dexter, Mo. R. 3</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Chronic glomerulo-nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 hours</b> <b>4 years</b>	
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"/> <b>2</b>	
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.) <b>592 X</b>		
20c. TIME OF INJURY Hour <b>8:20</b> Month, Day, Year <b>Nov 7 1958</b> 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 <b>Dexter</b>		COUNTY <b>Stoddard</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>1954</b> to <b>Nov 7 1958</b> and last saw her alive on <b>Nov 7 1958</b> Death occurred at <b>8:20 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. L. Somers</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Dexter</b>		22c. DATE SIGNED <b>11/11/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sadler's Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
24. FUNERAL DIRECTOR <b>Strickland-Rainey</b>		ADDRESS <b>Dexter, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>11-17-58</b>	21. REGISTRAR'S SIGNATURE <b>Velma J. Jenkins</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 5 1959

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 *Jacques Rainey* ..... Licensed Embalmer No. *1983* P. O. Address *Depto. 1110*

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.