

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012163
STATE FILE NUMBER

APR 20 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Worthington 1860
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grimm & Smith Hospital		Length of stay in lb 1 da	d. STREET ADDRESS (If outside, give location) City
3. NAME OF DECEASED (Type or print) First Middle Last Roscoe E. Mullenix			4. DATE OF DEATH Month Day Year Apr. 10, 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9m 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months 8 Days 1 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Mullenix		13b. MOTHER'S MAIDEN NAME Etta May Hake	
14. NAME OF HUSBAND OR WIFE Pearl Mullenix		17. INFORMANT Address Pearl Mullenix-Worthington Mo.	
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. 486-38-6919	
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 Hemorrhage DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hours months
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4/10/59 to 4/10/59 and last saw him alive on 4/10/59 Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Kirksville Mo.	
22c. DATE SIGNED 4/19/59		23d. LOCATION (City, town, or county) (State)	
23a. BURIAL CREMATION REMOVAL (Specify) B		23b. DATE Apr. 13, 59	
23c. NAME OF CEMETERY OR CREMATORY Lartinstown Cem.		23d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 4-13-1959	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 28 1966

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 *Murl C. Husler*

Licensed Embalmer No. *3204*
P. O. Address *Unionville 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.