FILED VS OCT 11 1960

DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-035374
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 95

NDED

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Length of stay in 1b 63 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Aurora — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 200 Jasper — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ella Middle Gillham Last Mullen
4. DATE OF DEATH Month October Day 2 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/16/1882
9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lawrence County
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Pinckney Jones
13b. MOTHER'S MAIDEN NAME Mary Jane Cecil
14. NAME OF HUSBAND OR WIFE Rafe Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rafe Mullen Address Aurora, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Edema, Pulmonary, Acute — INTERVAL BETWEEN ONSET AND DEATH 1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma, Bronchial. — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1, 1959 to October 2, 1960 and last saw her ~~him~~ alive on October 2, 1960
Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth L. Kelsey M.D.
22b. ADDRESS Aurora, Mo
22c. DATE SIGNED 3 Oct. 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/5/1960
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) Aurora (State) Missouri

24. FUNERAL DIRECTOR Oscar L. Marsh ADDRESS Aurora, Missouri
25. DATE RECD. BY LOCAL REG. 10-5-1960
26. REGISTRAR'S SIGNATURE Ora McNett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

xxbx _____, xxxxxxxxxxxxxxxx _____

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Student _____
Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.