

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047116

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 13

STATE FILE NUMBER

NDED

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

3. NAME OF DECEASED (Type or print) <u>Gurney Franklin Mullenix</u>	4. DATE OF DEATH Month <u>Dec.</u> Day <u>11</u> Year <u>1960</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-3-96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Putnam Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John C. Mullenix</u>	13b. MOTHER'S MAIDEN NAME <u>Mannie Scriven</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Mullenix</u>
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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) <u>yes WW I</u>	16. SOCIAL SECURITY NO. <u>499-20-4278</u>	17. INFORMANT Address <u>Ethel Mullenix-Unionville, Mo</u>
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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) <u>CUTOFF BY OCCISION</u> DUE TO (b) <u>CHRONIC CARDIOVASCULAR</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year
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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 <u>Unionville, Mo</u>	COUNTY <u>Putnam</u>	STATE <u>Mo</u>
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21. I attended the deceased from 1942 to 1953, to Dec. 11, 1960 and last saw him alive on Dec. 11, 1960
Death occurred at 11:45 AM 12/11/60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. G. Galloway D.O.</u>	22b. ADDRESS <u>Unionville, Mo</u>	22c. DATE SIGNED <u>12-12-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>Dec. 14, 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thompson Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Unionville, Mo. RF</u>
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24. FUNERAL DIRECTOR <u>F.O. Husted & Son-Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-13-60</u>	26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Murl E. Gustafson

Licensed Embalmer No.

330

P. O. Address

Amos

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.