

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028788

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 298 Primary Registration District No. _____ Registrar's No. 104

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>UNK.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion</u>	Length of stay in 1b <u>Transit.</u>	c. CITY OR TOWN <u>Mesquite</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>RT. # 69</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ANITA</u> Middle <u>FRANCES</u> Last <u>Mullen</u>	4. DATE OF DEATH Month <u>AUG</u> Day <u>21</u> Year <u>1961</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>2-17-37</u>	9. AGE (last birthday) <u>24</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Davenport, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard B. Sander</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Underdenk</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Mullen</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>No</u>	17. INFORMANT <u>Richard Sander - Tulsa - OKLA.</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>Deep facial lacerations</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</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 checked="" type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Espec nature of injury in PART I or PART II of item 18.) <u>Auto accident on Highway 69 7 miles</u>
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20c. TIME OF INJURY Hour <u>6:50</u> Minute _____ p.m. _____ Month, Day, Year <u>Aug 21, 1961</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>	20f. CITY, TOWN, OR LOCATION <u>Pattonburg - Daviess, Mo.</u>	COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ Death occurred at <u>6:50</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Harvey G. Roberson - Coroner</u>	(Degree or title)	22b. ADDRESS <u>Pattonburg Mo.</u>	22c. DATE SIGNED <u>Aug 21-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/25/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dubuque</u>	23d. LOCATION (City, town, or county) <u>Dubuque, Iowa</u>
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24. FUNERAL DIRECTOR <u>H.A. Roberson</u>	ADDRESS <u>Pattonburg Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-29-1961</u>	26. REGISTRAR'S SIGNATURE <u>Terquim Tengelhart</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

SEP 11 1961

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 Harvey C. Johnson

Licensed Embalmer No. 5075

P. O. Address Fallon Bay, 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.