

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-028789

AMENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 107

FILED SEP 6 1961

1. OCCASION OF DEATH a. COUNTY <u>Dooless</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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT # 69</u>		c. CITY OR TOWN <u>Mesquite</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Middle Last <u>THOMAS GEORGE Mullen</u>			4. DATE OF DEATH Month Day Year <u>AUG 21 1961</u>		
5. SEX <u>Male</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>Feb 11 1935</u>	9. AGE (last birthday) <u>26</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C. P. A.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Accounting.</u>	11. BIRTHPLACE (City and state or country) <u>Dubuque Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	---	--

13. FATHER'S NAME <u>John R. Mullen</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Eileen Ahern</u>	14. NAME OF HUSBAND OR WIFE <u>Arita Frances Mullen</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>John R. Mullen</u>	Address <u>Dallas, Texas</u>
---	--	--	---------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>IMM.</u>
IMMEDIATE CAUSE (a)	<u>Fractured Neck.</u>	
DUE TO (b)	<u>Auto Accident.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto accident on Highway 69 Seven</u>
---	--	--

20c. TIME OF INJURY Hour <u>6:50</u> Month <u>Aug</u> Day <u>21</u> Year <u>1961</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 mile South of Pattonburg, Mo.</u>	20e. CITY, TOWN, OR LOCATION <u>Pattonburg</u>	COUNTY <u>Daviess</u>	STATE <u>Mo.</u>
---	--	---	--------------------------	---------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from <u>6:50 P.M.</u> and last saw her alive on <u>6:50 P.M.</u>
---	--

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Harvey G. Roberson Coroner</u>	22b. ADDRESS <u>Pattonburg Mo.</u>	22c. DATE SIGNED <u>Aug 22 61</u>
---	---------------------------------------	--------------------------------------

23. BURIAL, CREMATION, REMOVAL (specify) <u>removed</u>	23b. DATE <u>8/25/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dubuque</u>	23d. LOCATION (City, town, or county) (State) <u>Dubuque, Iowa</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>H.A. Roberson</u>	ADDRESS <u>Pattonburg Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-27-61</u>	26. REGISTRAR'S SIGNATURE <u>Viggo M. Engelbert</u>
--	----------------------------------	--	--

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 W. H. Robinson

Licensed Embalmer No. 5075
P. O. Address Pattonburg, 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.