

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006639

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 792

STATE FILE NUMBER

AMENDED

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 37 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.		d. STREET ADDRESS (If outside, give location) 1012 E. 84th Terrace	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN MULLARKY			4. DATE OF DEATH Month Day Year FEB. 8 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-3-83	9. AGE (last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor & Auto Salesman-Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mankato, Kansas		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Cornelius Edward Mullarky	13b. MOTHER'S MAIDEN NAME Ell Waltz	14. NAME OF HUSBAND OR WIFE Louise M. Mullarky
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	16. SOCIAL SECURITY NO.	17. INFORMANT 1012 EAST 84TH TERRACE Mrs. Louise Mullarky, KANSAS CITY
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)	Acute Pulmonary edema		30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Volvulus of Small intestine		2 days
	DUE TO (c) Diverticulitis of COLON	10 or More Years	
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 checked="" 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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		COUNTY STATE

21. I attended the deceased from **Feb. 3, 1962** to **Feb. 8, 1962** and last saw her ^{him} live on **Feb. 7, 1962**
Death occurred at **4:00 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jay J. Cardiff, M.D.	(Degree or title)	22b. ADDRESS 6300 Glenwood, Shawnee-Mission, Kan.	22c. DATE SIGNED 2-9-62
---	-------------------	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 10, '62	23c. NAME OF CEMETERY OF Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	----------------------------------	--	--

24. FUNERAL DIRECTOR D. W. Newcomer's Sons	ADDRESS 1331 Brush Creek Blvd. Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 2-10-62	26. REGISTRAR'S SIGNATURE Ruth Long
--	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

DOCUMENT
MEDICAL CERTIFICATION
Cardiff

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 Thomas W. Person

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.