

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043544

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 31

FILED DEC 3 1962

VS 300	DATE AMENDED
Rev. 4/59	
10720	
20720	
3	
4 2	
5 0	
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7 0	
8 0	
99160	
10 16	
11 092	
1290-3	
135-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

	INSTEAD OF
	DOCUMENT
	MEDICAL CERTIFICATION
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Portageville</b>		Length of stay in 1b	c. CITY OR TOWN <b>Portageville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Portageville</b>
3. NAME OF DECEASED (Type or print) First <b>Kenneth</b> Middle <b>Mullins</b> Last <b>Mullins</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>30</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/21/1962</b>
9. AGE (last birthday) Months <b>5</b> Days <b> </b> Hours <b> </b> Min. <b> </b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Percy Mullins</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kershaw</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>on</b>	
16. SOCIAL SECURITY NO. <b>Infant</b>		17. INFORMANT <b>Percy Mullins</b> Address <b>Portageville, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Burned to death of Home</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>W. E. of Portageville</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>New Madrid Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ed. H. Hays</b>		22b. ADDRESS <b>New Madrid Mo.</b>	
22c. DATE SIGNED <b>12/1/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/1/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Free Will Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Point Pleasant Missouri</b>
24. FUNERAL DIRECTOR <b>DeLisle Funeral Home</b> ADDRESS <b>Portageville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 1 1962</b>	26. REGISTRAR'S SIGNATURE <b>Ellen D. Milam</b>

USE BLACK INK OR TYPEWRITER RIBBON

FILED 196 OCT 14

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.