MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005368
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 238

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED MAR 4 1963

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hospital D.O.A. Gen. Osteopathic — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R. R. #3 (Karnes Road) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First TIMOTHY Middle SCOTT Last MULLEN

4. DATE OF DEATH: Month February Day 20, Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 14, 1962
9. AGE (last birthday): 3 Months — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Michael Terry Mullen
13b. MOTHER'S MAIDEN NAME: Patricia Rasco
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Michael Terry Mullen — Address: St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation — 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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) cause unknown
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in bed at home
20f. CITY, TOWN, OR LOCATION St. Joseph — COUNTY — STATE Missouri

21. I attended the deceased from 11-14-63 to 2-20 and last saw ~~her~~ him alive on 1-4-63
Death occurred at 6:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. John Hartsock (Degree or title) D.O.
22b. ADDRESS 1314 Buchanan
22c. DATE SIGNED 2-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 21, 1963
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Meierhoffer-Fleeman Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 26, 1963
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
15	117		
25	110		2
3			
4	0		
5	0		
6			
7	0		
8	2		
9	240		
10	18		
11	131		
12	92-2		
13	1-0		

BY AFFIDAVIT OF J. Hartsock M.D. — DOCUMENT MEDICAL CERTIFICATION

Permit issued 2-21-63

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 [illegible]

Licensed Embalmer No. 4679

P. O. Address [illegible]

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.