

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006853

STATE FILE NUMBER

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 982

FILED MAR 8 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 50 yrs.</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1223 Fremont Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Jackson</p> <p>c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 1223 Fremont Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First MAGGIE Middle MULLEN Last MULLEN</p>	
<p>4. DATE OF DEATH Month 2 Day 12 Year 1963</p>	
<p>5. SEX Female 6. COLOR OR RACE White</p>	
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH 3-2-1873 9. AGE (last birthday) 89</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY Striker, Ohio</p>	
<p>11. BIRTHPLACE (City and state or country) USA</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME No Record 13b. MOTHER'S MAIDEN NAME No Record</p>	
<p>14. NAME OF HUSBAND OR WIFE John E. Mullen - Dec.</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	
<p>16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Oneita McLain, 1223 Fremont, K.C. Mo Address</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Bronchopneumonia, acute</p> <p style="text-align: center;">DUE TO (b) _____</p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown </p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>1-12-63</u> to <u>2-12-63</u> and last saw her/him alive on <u>2-11-63</u></p> <p>Death occurred at <u>3:30</u> P on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Richard W. Gunn and 22b. ADDRESS 1500 Prof Bldg K.C., Mo 22c. DATE SIGNED 2-13-63</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-14-1963 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery 23d. LOCATION (City, town, or county) Kansas City, Missouri (State)</p>	
<p>24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE</p> <p>Sheil Funeral Home, Kansas City, Mo. 2-13-63 <i>Arthur Long</i></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2 2/18
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4 1
5 2
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7 1
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9 491X
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11
12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Richard W. Gunn MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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. 656

working under my personal supervision.

Student

Jimmy S. Buch
Signature of Student Embalmer

Signed

Richard E. Carroll

Licensed Embalmer No.

4829

P. O. Address

H. C. M.

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.