MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012176
STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 53596 Registrar's No. 19

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 25 1963

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Valle — Length of stay in 1b: 89 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. 3, De Soto, Mo. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jeff.
c. CITY OR TOWN: De Soto — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 3, — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Robert Middle: Eugene Last: McMullin

4. DATE OF DEATH: Month Day Year: 3-19-63

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-6-1874
9. AGE (last birthday): 89 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Rt. 3, De Soto, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John McMullin
13b. MOTHER'S MAIDEN NAME: Sarah Edwards
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: Daisy McMullin, De Soto, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arterio-sclerotic cardio — INTERVAL BETWEEN ONSET AND DEATH: years
vascular disease
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 ☐ — NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) no
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1954 to Mar 19, 1963 and last saw ~~her~~ him alive on Mar 14, 63
Death occurred at 8 00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: DeSoto, Mo.
22c. DATE SIGNED: Mar 2/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-22-63
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn
23d. LOCATION (City, town, or county) (State): De Soto, Mo.

24. FUNERAL DIRECTOR ADDRESS: J. Lee Mothershead, De Soto, Mo
25. DATE RECD. BY LOCAL REG.: 3-22-1963
26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

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 J Lee Mathurahood

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.