

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016200

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2216 STATE FILE NUMBER

**FILED APR 29 1963**

DO NOT WRITE ON THIS STUB      AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
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234282	
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4 2	
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11 600	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
(INSTEAD OF)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>1 yr.</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3015 PASEO</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HUGH L. MULLINGS</u>			4. DATE OF DEATH Month Day Year <u>4 12 63</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-22-1939</u>
9. AGE (last birthday) <u>23 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REFRIGERATION</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>CHRISTIANA, JAMACIA U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>HUGH A. MULLINGS</u>	
13b. MOTHER'S MAIDEN NAME <u>NORA PEARL EUBANKS</u>		14. NAME OF HUSBAND OR WIFE <u>JOYCE MULLINGS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>PEACE TIME</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOYCE MULLINGS 3015 PASEO, K.C., MO.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line top (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> DUE TO (b) <u>Internal Thoracic + Abdominal Hemorrhage</u> DUE TO (c) <u>Cerebral Trauma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) <u>Traffic Accident.</u>	
20c. TIME OF INJURY Hour <u>8:29</u> a.m. Month <u>4</u> Day <u>12</u> Year <u>63</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>10000 North Hiway</u>	
20e. CITY, TOWN, OR LOCATION <u>Kansas City North Blay, MO.</u>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William M. A. Deputy Coroner</u>		22b. ADDRESS <u>1618 Lydia Ave.</u>	22c. DATE SIGNED <u>4/12/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4-13-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>-</u>	23d. LOCATION (City, town, or county) (State) <u>DENVER COLO.</u>
24. FUNERAL DIRECTOR <u>COMETAL FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>4-13-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

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**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 John R. Fridman

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.