

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031837

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 786 Primary Registration District No. 4178 Registrar's No. 5

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Halcomb</u>		c. CITY OR TOWN <u>Halcomb</u>	
Length of stay in 1b <u>8 yrs.</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>In Halcomb, Mo.</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HENRY Dufford MULLEN</u>			4. DATE OF DEATH Month Day Year <u>Aug. 19. 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>7-27-1886</u>
9. AGE (last birthday) <u>77</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, when retired) <u>Farmed, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None - Land Co. Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nicholas Mullen</u>		13b. MOTHER'S MAIDEN NAME <u>Huldah Howard</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Mullen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No.</u>		17. INFORMANT Address <u>Ethel Mullen - Halcomb, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Rupture abdominal aneurysm</u>			<u>10 mos.</u>
DUE TO (b) <u>Gen. arteriosclerosis</u>			<u>10 yrs.</u>
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1-1-1946</u> to <u>Aug 19-1963</u> and last saw him alive on <u>Aug 15-1963</u>			
Death occurred at <u>5:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. S. Hopkins, M.D.</u>		22b. ADDRESS <u>Gideon, Mo.</u>	22c. DATE SIGNED <u>8-22-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-21-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cem</u>	23d. LOCATION (City, town, or county) <u>Clark Co. Mo.</u> (State)
24. FUNERAL DIRECTOR ADDRESS <u>Lloyd Russell Piggott, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-63</u>	26. REGISTRAR'S SIGNATURE <u>J. G. Anderson</u>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 11 1963

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 Lloyd M. Russell

Licensed Embalmer No. 509-Ark.

P. O. Address Piggott, Ark.

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.