

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044158

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5898 STATE FILE NUMBER

FILED NOV 21 1963

VS 300 Rev. 4/59

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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF
THEODORE F. FOSTER, MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **3 months**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Laird Nursing Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Kansas** b. COUNTY **Wyandotte**
c. CITY OR TOWN **Kansas City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **812 South 9th.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
CLARENCE AVA MULLENS **October 29, 1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **12/11/1891** 9. AGE (last birthday) **72 7/1** IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shipping Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Meat Processing** 11. BIRTHPLACE (City and state or country) **Sedalia, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA.**

13a. FATHER'S NAME **Thomas Mullens** 13b. MOTHER'S MAIDEN NAME **Elizabeth Goodin** 14. NAME OF HUSBAND OR WIFE **Gertrude H. Mullen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **701** 17. INFORMANT **Gertrude H. Mullens, Kan. City, Kan.** Address **812 S. 9th.**

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pneumonitis** INTERVAL BETWEEN ONSET AND DEATH **2 mo.**
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.) _____

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 **8-20-63** to **10-25-63** and last saw him alive on **10-25-63**. Death occurred at **3:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Theodore F. Foster, D.O.** 22b. ADDRESS **6305 Main** 22c. DATE SIGNED **10-30-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Remove** 23b. DATE **10/29/63** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 23d. LOCATION (City, town, or county) (State) **Kansas City, Kansas**

24. FUNERAL DIRECTOR ADDRESS **Daniels Bros., Kan. City, Kansas** 25. DATE RECD. BY LOCAL REG. **10-30-63** 26. REGISTRAR'S SIGNATURE **Bessie Smith**

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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas H Redler

Licensed Embalmer No. 3404

P. O. Address K.C. Kans.

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.