

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30340

State File No. ....

FILED SEP 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3781</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3118</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1018 Broadway</u> <u>11</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Marion</u> c. (Last) <u>Mc Mullin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 31, 1951</u>				
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 29, 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Ice Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Mc Mullin</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Conyers</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-12-6357</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Barnes N. K. C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-13-46 8-31-51</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma prostate</u> DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pulmonary oedema</u>				<u>171X</u>	
19a. DATE OF OPERATION <u>7-2-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>enlarged prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-2</u> , 19 <u>51</u> , to <u>8-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-31</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Lee Hoffman MD</u> (Degree or title)				23b. ADDRESS <u>1019 Prof. Bldg.</u>		23c. DATE SIGNED <u>9-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rife Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Orriick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-4-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton Funeral Home N. K. C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Pulmonary Edema  
9-7-57

19a. DATE OF OPERATION

7-2-48

19b. MAJOR FINDINGS OF OPERATION

Enlarged Prostate

20. AUTOPSY?

YES  NO 21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

9-4-57

Seraldine Holmes

W. Weston Funeral Home NHC

(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 .....  
Student Embalmer

Signed.....

*[Handwritten Signature]*  
Licensed Embalmer No. 4856  
P. O. Address *[Handwritten Address]*

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 this body is not embalmed, fact should be so stated above.