FILED MAY	18 1951	STANDARD CERTI	FICATE OF DEATH	State File	No. 17674
BIRTH NO.		REG. DIST. NO. 298	PRIMARY REG. DIST. NO.		's No
1. PLACE OF DEA a. COUNTY Ray	тн	•	2. USUAL RESIDENCE a. STATE M1550U	5 COUNTY	If institution: residence before admission).
b. CITY (If outside co	rporate limits, write RUE	township)   STAY (in this place	oll OR		
d. FULL NAME OF ( HOSPITAL OR INSTITUTION	Route 2.	tution, give street address or location) Polo Missouri	II ADDRESS	ural, give location) 2. Poló. M	issouri O
3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle)	c (Last) Mullin		onth) (Day) (Year) 7. 1951
		7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (BSeedly) NEL TELEO	8. DATE OF BIRTH May 12, 1886	9. AGE (In years)	
HOUSEWITE	ON (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or fore Missouri	len country) .	12. CITIZEN OF WHAT COUNTRY? USA
13a. father's name John Sm	ithey	13b. MOTHER'S MAIDEI Ella Farris		name of Husband or ith Mullin	
15. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED FO				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CON DIRECTLY LEADING		estur Hear	x Failu	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discusse (a) stating the underlying cause last.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)				a lolon	10 yw.
tion which caused death.	II. OTHER SIGNIFIC Conditions contribut related to the disease	CANT CONDITIONS ing to the death but not or condition causing death.		f	
19a. DATE OF OPERA- TION		NGS OF OPERATION		153×	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 210 box	b. PLACE OF INJURY (e.g., in or about me, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWN	SHIP) (COUN	TY) (STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (Ro	Sur) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCU	R7	
22. I hereby certify to alive on Ma		deceased from 2, and that death decurred at	1951, to May	1951, that uses and on the date	I last saw the deceased stated above.
23a. SIGNATURE	9 R	(Degree or title)	23b. ADDRESS	w.d.W	23c. DATE SIGNED
24a. BURTAL, CREMA TION, REMOVAL (Specify BUP181	ひーフーエフひ.		· R·	ocation (City, tdwn; c	Missouri
May 12, 195	REGISTRAR'S SIO	aymond Krow	Thomas J.	Carter 1.	ichmond Mo
<i>V</i> '		(Licensed Embalmer's	Statement on Reverse Side)		

THE DIVISION OF HEALTH OF MISSOURI



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side of this certificate was embalmed by me, or by
***************************************	Student Embalmer No.
working under my personal supervision.	
Student	Signed Shomas G Carter  Licensed Embalmer No. 4474
Student Embalmer	Licensed Embalmer No. 4474
	P. O. Address Dichmend, me

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.