

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37733  
Registrar's No. 95

FILED DEC 2 1948

Registration District No. 297

Primary Registration District No. 6022

89  
0  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Ray

(b) City or town Rural, Richmond and Richmond  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
11 miles northwest of Richmond  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 61 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAM MULLIN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Berneta Alice Mullin

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 2 1887  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry operator

11. Industry or business \_\_\_\_\_

12. Name Alec Mullin

13. Birthplace Ray County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mattha Jane Branson

15. Birthplace Ray County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Mullin

(b) Address Rayville Mo.

17. (a) Burial (b) Date thereof 11-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond Mo.

19. (a) Nov. 16, 1948 (b) Mabel Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 11 miles northwest Richmond  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13<sup>th</sup> year 1948 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov. 13, 1948 to Nov. 13, 1948

that I last saw him alive on Nov. 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Duration 30 min

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature D. E. J. Keram (M.D. or other) \_\_\_\_\_

Address Richmond, Mo. Date Nov 17, 48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48

DEC 4 1948

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.