

(PHYSICIAN OR CORONER)

FILED**CERTIFICATE OF DEATH**

124

72 027949

DEC 18 1972 / 59.

DO NOT WRITE
ON THIS STUB

VS 300

Registration District No.

Primary Registration District No.

Registrar's No.

Rev. 11/72

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. FRANKLIN E. MC MULLIN			2. MALE		3. DECEMBER 3, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. WHITE		5a. 92	5b.	5c.	6. SEPTEMBER 10, 1880	7. JEFFERSON
8. CITY, TOWN, OR LOCATION OF DEATH			9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
10. DE SOTO			11. DE SOTO REST HOME			
12. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		13. CITIZEN OF WHAT COUNTRY		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
16. MISSOURI		17. USA		18. MARRIED		19. ETHEL
20. SOCIAL SECURITY NUMBER		21. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		22. KIND OF BUSINESS OR INDUSTRY		
23. unknown		24. RETIRED		25. CONTRACT PAINTER		
26. RESIDENCE—STATE		27. COUNTY		28. CITY, TOWN, OR LOCATION, ZIP CODE		29. INSIDE CITY LIMITS (SPECIFY YES OR NO)
30. MISSOURI		31. JEFFERSON		32. DE SOTO		33. YES
34. TOWNSHIP		35. STREET AND NUMBER		36. TOWNSHIP		37. STREET AND NUMBER
38. VALLE		39. 608 N. 3RD STREET		40. VALLE		41. 608 N. 3RD STREET
42. FATHER—NAME FIRST MIDDLE LAST			43. MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
44. B. F. MC MULLIN			45. NANCY JANE CUNNINGHAM			
46. INFORMANT—NAME			47. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
48. FRANK MC MULLIN, JR.			49. R#2 BOX 124 HERMANN MISSOURI			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
50. IMMEDIATE CAUSE						
(a) Arrycular Fibrillation						
(b) _____						
(c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19a. no
51. Cancer of Larynx with Metastasis						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. _____
52. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		53. DATE OF INJURY (MONTH, DAY, YEAR)		54. HOUR		55. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
56. No		57. 5-12-71		58. 10-27-72		59. 10-27-72
60. INJURY AT WORK (SPECIFY YES OR NO)		61. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		62. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		63. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20b. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
64. No		65. No		66. No		67. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
68. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			69. AND LAST SAW HIM/HER ALIVE ON			70. I DID/DID NOT VIEW THE BODY AFTER DEATH.
71. 5-12-71			72. 10-27-72			73. Not
74. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						75. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
76. _____						77. 5:30a.m.
78. CERTIFIER—NAME (TYPE OR PRINT)			79. M. LICENSE NO.		80. SIGNATURE	
81. Carl E Rice			82. 23b 18849		83. Carl E Rice MD	
84. MAILING ADDRESS—CERTIFIER			85. STREET OR R.F.D. NO.		86. CITY OR TOWN	
87. P.O. Box 28, Crystal City Mo			88. Crystal City Mo		89. 63219	
90. BURIAL, CREMATION, REMOVAL (SPECIFY)		91. CEMETERY OR CREMATORY—NAME		92. LOCATION		93. CITY OR TOWN
94. BURIAL		95. GAMEL		96. FESTUS, MISSOURI		97. MISSOURI
98. DATE (MONTH, DAY, YEAR)			99. FUNERAL HOME—NAME AND ADDRESS (CITY OR TOWN, STATE, ZIP)			
100. DECEMBER 6, 1972			101. POLITTE FUNERAL HOME CRYSTAL CITY, MISSOURI			
102. FUNERAL DIRECTOR—SIGNATURE			103. REG. NO.		104. REGISTRAR—SIGNATURE	
105. Henry R. Politte			106. 2570		107. F. E. Kozal MD.	
108. DATE RECEIVED BY LOCAL REGISTRAR			109. _____			
110. 12/9/72			111. _____			

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS****CAUSE****CERTIFIER****BURIAL**Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

Faint, mostly illegible text at the top of the page, possibly bleed-through from the reverse side of the certificate.

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 Gentry R. Polittle

Licensed Embalmer No. 3481
P. O. Address Crystal City, Mo. 63019

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.

Faint text at the bottom of the page, possibly bleed-through from the reverse side.