

Cynthiana Democrat - December 30, 1954

Tom Smith Mullen

Friday afternoon at Smith-Rees Funeral Home funeral services for Tom Smith Mullen, 72, retired laundryman, were conducted by Rev. Dr. Floyd D. Rose. Burial was in Battle Grove Cemetery.

Pallbearers selected were B. W. Martin, Dwight Taylor, Elmer Coates, Bob Mullen and Clay Milhon.

Mr. Mullen died at 8:25 a. m. Thursday, Dec. 23, 1954, at the Brooks Nursing Home following a long illness.

A native of Harrison County, Mr. Mullen was born April 5, 1882, a son of the late Billy and Polly Arnold Mullen. He was a member of the First Methodist Church, Cynthiana.

His wife, Mrs. Tincie Taylor Mullen, whom he married Dec. 3, 1902, preceded him in death.

Mullen, Tom Smith 1882 - 1954

Form V. 8. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 54-25878
Registration District No. 670		Primary Registration District No. 2240		
1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KENTUCKY b. COUNTY HARRISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CYNTHIANA	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CYNTHIANA		
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST PIKE STR.		d. STREET ADDRESS (If rural, give location) WILSON AVE.		
3. NAME OF DECEASED a. (First) TOM (Type or Print)		b. (Middle) SMITH	c. (Last) MULLEN	4. DATE OF DEATH (Month) (Day) (Year) DEC 23, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR 5, 1882	9. AGE (In years last birthday) 72 10 Under 1 Year 24 Hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY MERCHANT	11. BIRTHPLACE (State or foreign country) HARRISON COUNTY, KENTUCKY.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME BILLIE MULLEN 65		
14. MOTHER'S MAIDEN NAME POLLY ARNOLD		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.		17. INFORMANT MRS SAN MARTIN		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Benign prostatic hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 weeks 2 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X-057-14		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1950 to Dec 23, 1954 (that I last saw the deceased alive on Dec 23, 1954) and that death occurred at 8:25 A m., from the causes and on the date stated above.				
23a. DATE SIGNED 1-5-55		23b. ADDRESS Cynthiana Ky		23c. SIGNATURE R.T. McCreary, M.D. (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/24/1954	24c. NAME OF CEMETERY OR CREMATORY BATTLE GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) CYNTHIANA, KENTUCKY.
25a. DATE REC'D BY COSS-LOCAL REG.		25b. REGISTRAR'S SIGNATURE H.C. Johnson		26. FUNERAL DIRECTOR SMITH - REEB CO., INC. CYNTHIANA, KY. ADDRESS
BY Odus Sitcher LIC. # 2275				