

Lexington Herald – October 11, 1954

**Jasper Mullins**

Funeral services for Jasper Mullins, 30, of 206 East Maxwell Street, who died of a gunshot wound early Sunday morning will be conducted at 1:30 p.m. Tuesday at Kerr Bros. Funeral Home. Burial will be in the Camp Nelson National Cemetery.

Mr. Mullins, son of the late Albert and Martha Mullins, was born in Jeffersonville, Ky. He was a veteran of World War II and a member of the VFW.

Survivors include his wife, Mollie Marie Harris Mullins; two sons, Danny Ray and Phillip Michael Mullins, Prestonsburg; a stepson, Roger Dobart, Prestonsburg; two sisters, Mrs. Bertha Luttrell, Lexington, and Mrs. Bessie Lee Lucas, Georgetown; a brother, Eddie Mullins, Lexington, and two half-brothers, Bill Nickerson, Cynthiana, and Eddie Nickerson, Millersburg.

The body is at the funeral home.

Mullins, Jasper 1924 - 1954

U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 110
Registration District No. <u>500</u>		Primary Registration District No. <u>2165</u>		
1. PLACE OF DEATH a. COUNTY <u>Fayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Fayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		
c. LENGTH OF STAY (in this place) <u>61</u>		d. STREET ADDRESS (If rural, give location) <u>210 E. Maxwell Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Samaritan Hospital</u>				
3. NAME OF DECEASED a. (First) <u>Jasper</u> (Type or Print)		b. (Middle) <u>Mullins</u>		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 14, 1924</u>	9. AGE (In years last birthday) <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hc</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Co Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Albert Mullins</u>		14. MOTHER'S MAIDEN NAME <u>Martha</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Jasper Mullins</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pistol Shot in Chest</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <u>Homicide</u>		
		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>981X-149-27</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) <u>Public Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Fayette Ky</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Oct. Sunday</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Homicide</u>
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 <u>12:28 A.m.</u> , from the causes and on the date stated above.				
23a. DATE SIGNED <u>10/11/54</u>		23b. ADDRESS <u>Lexington Ky</u>		23c. SIGNATURE <u>Paul Hale</u> Deputy Coroner (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Camp Nelson Jessamine Co.</u>		25a. DATE RECD BY <u>10/13/54</u>		
25b. REGISTRAR'S SIGNATURE <u>SAM B. MARKS</u>		26. FUNERAL DIRECTOR <u>Kerr Brothers Lex KY</u>		
DEPT. REG. <u>5-233-12-62</u>				