

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39865**

BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **4478** Registrar's No. **51**

98
6
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCHUYLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER		98 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) L	
3. NAME OF DECEASED (Type or Print) a. (First) COLEMAN		b. (Middle) POKE	
c. (Last) HULEN		4. DATE OF DEATH (Month) (Day) (Year) DEC 2, 1949	
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Schuyler Co MO U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN CHULEN		13b. MOTHER'S MAIDEN NAME ANN SHELTON	
14. NAME OF HUSBAND OR WIFE BERTHA HULEN		17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Hulen Lancaster Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1991	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11-29, 1949 , to Dec 2, 1949 , that I last saw the deceased alive on Dec 2, 1949 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. E. Vaughn D.O.		23b. ADDRESS Lancaster, Mo	
23c. DATE SIGNED 12/4/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 4, 49	
24c. NAME OF CEMETERY OR CREMATORY Linn Cem.		24d. LOCATION (City, town, or county) (State) Lancaster, Mo	
DATE REC'D BY LOCAL REG. Dec 8-49		REGISTRAR'S SIGNATURE Mrs. Inez Drake	
25. FUNERAL DIRECTOR'S SIGNATURE Everett R Head		ADDRESS Lancaster, Mo	

RECEIVED DEC 13 1949
District Health Officer No. 10
District File Number 12-49-2
Date Filed _____

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
Student Embalmer

Signed Ernest R. Head

Licensed Embalmer No. 4038

P. O. Address Lawrence, 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.