

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4585

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5507 Registrar's No. 4

0420

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADUE</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADUE</u>		0420
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRVIN</u> b. (Middle) <u>MILTON</u> c. (Last) <u>HULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 8. 1951</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>Oct. 23, 1888</u>	9. AGE (In years last birthday) <u>62</u>	10. IF UNDER 1 YEAR Days <u>4</u> Hours <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ANY KIND</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>MILLARD HULL</u>		13b. MOTHER'S MAIDEN NAME <u>IDA FARNESTOCK</u>	14. NAME OF HUSBAND OR WIFE <u>NELLE MADDOX HULL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes to, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nelle Hull, Ladue, Mo.</u> ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Death at once</u> <u>4201</u>
		II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Thrombosis</u>			<u>2 1/2 hrs before</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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., 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 <u>March, 1949</u> , to <u>March 8, 1951</u> , that I last saw the deceased alive on <u>March 3, 1951</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S.B. Hughes</u> (Degree or title) <u>U.M.D.</u>			23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>3/10/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Marion, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar-9-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.T. Causant</u> ADDRESS <u>Clinton, Mo.</u>		

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3.
District File Number _____
Date Filed 3-12-51

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 W. A. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.