

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5366

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1620 Martin St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>L</u> c. (Last) <u>Stull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 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>Jan. 5, 1914</u>		9. AGE (In years last birthday) <u>37</u>		10. IF UNDER 1 YEAR: Days <u>1</u> Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power House Attendant, C.B.A. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hannibal Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>William T. Stull</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Hartmann</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Alma Stull</u>		17. ADDRESS <u>1620 Martin St Hannibal Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure. Apparent Thrombosis</u>		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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pronounced dead on arrival at hospital.</u>		4200	
DUE TO (c)		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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>C.B. & C. Yards</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/5/1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 3:15 P. m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Cleroner</u>		23b. ADDRESS <u>902 Broadway Hannibal Mo</u>		23c. DATE SIGNED <u>2/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hynesberg Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hynesberg, Ralls Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		25. ADDRESS <u>Hannibal Mo</u>	

DATE REC'D BY LOCAL REG <u>2-20-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>	
26. ADDRESS <u>Hannibal Mo</u>		26. ADDRESS <u>Hannibal Mo</u>		26. ADDRESS <u>Hannibal Mo</u>	

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

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RECEIVED FEB 23 1951
TAMM CO. HEALTH DEPT.
DATE FILED FEB 24 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Michael J. O'Honoree

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.