

## STANDARD CERTIFICATE OF DEATH

27160

State File No. ....

FILED AUG 19 1952

BIRTH NO. .... REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4149 Registrar's No. .... 34

1. PLACE OF DEATH a. COUNTY <b>BOONE</b> <u>0100</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b> <u>0100</u>	
b. CITY OR TOWN <b>CENTRALIA</b>		c. CITY OR TOWN <b>COLUMBIA</b> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HULEN CONV. HOME</b>		d. STREET ADDRESS (If rural, give location) <b>WILKES BLVD</b>	
b. (Middle) <b>DANIEL</b>		c. (Last) <b>TULL</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle) <b>DANIEL</b>	c. (Last) <b>TULL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 10 1952</b>
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5. SEX <b>MALE</b> <u>0</u>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> <u>1</u>	8. DATE OF BIRTH <b>MAY 20-1857</b>	9. AGE (In years last birthday) <b>95</b>	if UNDER 1 YEAR Months <b>2</b> Days <b>20</b>	if UNDER 24 hrs. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT &amp; FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>BETHANY HARRISON CO MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JEPHTHA TULL</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLINE CULBERTSON</b>	14. NAME OF <del>HUSBAND'S</del> WIFE <b>SUSAN A. TULL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RAY TULL</b>	ADDRESS <b>COLUMBIA MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			<b>Unknown</b>
	DUE TO (c) <b>Unknown</b>			
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	<b>4500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 9, 1952, to Aug 10, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at 8:PM m., from the causes and on the date stated above.

23a. SIGNATURE <b>Henry J. Stewart D.O.</b> (Degree or title) <u>2</u>	23b. ADDRESS <b>Sturgeon, Mo.</b>	23c. DATE SIGNED <b>8/12/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> <u>0</u>	24b. DATE <b>AUG 13-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM</b>	24d. LOCATION (City, town, or county) (State) <b>COLUMBIA MO</b>
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DATE REC'D BY LOCAL REG. <b>Aug 14-1952</b>	REGISTRAR'S SIGNATURE <b>Maud M. Price</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Otwell</b>	ADDRESS <b>Columbia Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1956

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.....  
Student Embalmer

Signed Ernest H. Sprinkle  
Licensed Embalmer No. 4013

P. O. Address Columbia, 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.