

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32890**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 379

1. PLACE OF DEATH

a. COUNTY MACON ADAIR

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY MACON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LA PLATA

d. STREET ADDRESS (If rural, give location) D 210 / 1

3. NAME OF DECEASED

a. (First) JOSEPH b. (Middle) DELBERT c. (Last) DULL

4. DATE OF DEATH (Month) (Day) (Year) 10 15 54

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 10/26/86 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months 11 Days 17 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT OF SCHOOLS

10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOL ADMINSTRATOR

11. BIRTHPLACE (State or foreign country) CHANNEY, KANSAS

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOSEPH DELBERT DULL 13b. MOTHER'S MAIDEN NAME ELLEN MARIA DAVIS 14. NAME OF HUSBAND OR WIFE MAUDE OMBRA DULL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR (I)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Joseph Delbert Dull Jr. Palmyra, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS: _____

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 14 hours

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4/201

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 15, 1954, to Oct 15, 1954, that I last saw the deceased alive on Oct 15, 1954 and that death occurred at 1130 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Rhoads, D.O. (Degree or title) 23b. ADDRESS Lirksville, Mo. 23c. DATE SIGNED 10-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 17-54 24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery 24d. LOCATION (City, town, or county) (State) La Plata Mo

DATE REC'D BY LOCAL REG. 10-19-54 REGISTRAR'S SIGNATURE Kate Lambert FURNERAL DIRECTOR'S SIGNATURE D. Christie ADDRESS La Plata Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1954

JUN 27 1954

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 *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata 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.