

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40127

10. 48

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

BIRTH NO.		REG. DIST. NO. 37		PRIMARY REG. DIST. NO. 4049		Registrar's No. 44		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		n/100		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tarr St.</u>				d. STREET ADDRESS (If rural, give location) <u>Tarr St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Phillip</u> c. (Last) <u>Hulen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22-1954</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>Sept. 4-1903</u>		
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>		IF UNDER 100 Hrs. <u>2</u> Mts.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator Nursing Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Claude Hulens</u>			13b. MOTHER'S MAIDEN NAME <u>Cattie Eddings</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Hulens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>491-05-7471</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Hulens, Centralia, Missouri</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Asphyxia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiogenic Carcinoma</u>					<u>10 ms.</u>	
		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 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) (Minute)		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>Feb. 2, 1954</u> , to <u>Dec. 22, 1954</u> , that I last saw the deceased alive on <u>Dec. 22, 1954</u> , and that death occurred at <u>3:55pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. W. Sunday, D.O.</u>				23b. ADDRESS <u>Centralia, Missouri</u>		23c. DATE SIGNED <u>Dec. 23, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 24-1954</u>		REGISTRAR'S SIGNATURE <u>Maud M. Brice</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul P. Ballou</u>		ADDRESS <u>Centralia, Mo</u>		
(Licensed Embalmer's Statement on Reverse Side)								

DEC 30 1958

JAN 6 1958

JUN 24 1957

AUG 2 1955

DEC 30 1958

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 Paul J. Baller

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.