

FILED JUN 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 9 47
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SALINE TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SR ELIZABETH HOSPT			Length of stay in 1b 1 week		d. STREET ADDRESS (If outside, give location) MONROE CITY R.F.D.2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First STEPHEN Middle HOWARD Last TULEY				4. DATE OF DEATH Month JUNE Day 8 Year 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 11, 1884		9. AGE (In years last birthday) 92 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 11 Days 29 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and state or country) MARION COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ELIAS M. TULEY				14. MOTHER'S MAIDEN NAME CORNELIA OWEN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 492-42-5960		17. INFORMANT Name Mrs. William Hayden Address Monroe City, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 9 years		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 2-15-49 to 6-9-57 and last saw ^{her} / _{him} alive on 6-9-57 Death occurred at 8 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. L. Beem (Degree or title) M.D.				22b. ADDRESS 100 N. Sixth, Hannibal, Mo.		22c. DATE SIGNED 6-11-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-12-57		23c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MO.			
24. FUNERAL DIRECTOR Wilson & Son's ADDRESS Monroe City, Mo.				25. DATE RECD. BY LOCAL REG. 6-11-1957		26. REGISTRAR'S SIGNATURE W. M. Duckley H. C. Fisher			

RECEIVED JUN 12 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 12 1957

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 *me*..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lealand Wilson*.....
Licensed Embalmer No. *3014*

P. O. Address *Morse City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.