

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

1. PLACE OF DEATH: **GREENE**

(a) County: **GREENE**

(b) City or town: **SPRINGFIELD**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **ST. JOHNS HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **2 DAYS**
(Specify whether years, months or days)

In this community: **74 YR.**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.**

(b) County: **Greene**

(c) City or town: **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No.: **2107 National**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country: **✓**

3. (a) PRINT **EDWARD RUSSELL DULIN**
FULL NAME

3. (b) If veteran, name war: **NONE**

3. (c) Social Security No.: **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**
year **1945** hour **2** minute **45 P.M.**

4. Sex: **MALE**

5. Color or race: **WHITE**

6. (a) Single, widowed, married, divorced: **MARRIED**

6. (b) Name of husband or wife: **OLLIE DULIN**

6. (c) Age of husband or wife if alive: **66 YRS.** years

7. Birth date of deceased: **Oct. 9 1870**
(Month) (Day) (Year)

I hereby certify that I attended the deceased from **Mar 28-1945** 19 to **March 30, 1945** that I last saw him alive on **March 30 1945** and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **5** Days **21**
 If less than one day hr. min.

Immediate cause of death: **Chronic Myocarditis with Pulmonary Edema**

Duration: **Several years**

9. Birthplace: **Greene Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Blacksmith**

11. Industry or business: **R.R. Shops**

Other conditions: **Acute Intest Obstruction 3 days**
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name: **Thomas Jefferson Dulin**

13. Birthplace: **Goodlettsville Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Meridian Grisham**

15. Birthplace: **Meridian Miss.**
(City, town, or county) (State or foreign country)

Major findings: **12 2 15 31**

Of operations: **12 2 15 31**

Of autopsy: **12 2 15 31**

PHYSICIAN: **_____**
Underline the cause to which death should be charged statistically.

16. (a) Informant: **Fitzhugh Gairn**

(b) Address: **Springfield, Mo.**

17. (a) Burial, cremation, or removal: **Burial Mt Comfort Em.**

(b) Date thereof: **April 1-1945**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Mt Comfort Em.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: **A. Wittlinger**

(b) Address: **Springfield, Mo.**

19. (a) **3-31-45** (Date received local registrar)

(b) **D. W. Standley** (Registrar's signature)

While at work? **_____** (Specify type of place)

Means of injury: **_____**

23. Signature: **J. A. D. Vane** (M. D. or other)

Address: **Springfield, Mo.** Date signed: **3/31/45**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ogle Stone Jr
Licensed Embalmer No. 4116
P. O. Address Springfield 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.