

5-43  
7-39  
X36671

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32190**  
Registrar's No. **306**

FILED NOV 6 1948  
Registration District No. **77**

Primary Registration District No. **3008**

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

**1. PLACE OF DEATH:**  
 (a) County **Callaway**  
 (b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Callaway County Hospital**  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution **7 days**  
 In this community **20 Years**  
years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** **John Bascum Hulen**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. **492-10-7539**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced, **Married**  
 (b) Name of husband or wife **Katherine Hulen**  
 (c) Age of husband or wife if alive **3** years **1888**  
 7. Birth date of deceased: **Nov. 3 1888**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>11</b>	<b>20</b>	hr. _____ min.

9. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired Linotype Operator**

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **John Hulen**  
 13. Birthplace **Mo 9**  
 14. Maiden name **Elizabeth Dixon**  
 15. Birthplace **Mo 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Katherine Hulen**  
 (b) Address **712 Jefferson St., Fulton, Mo.**  
 17. (a) **Burial** (b) Date thereof **10-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Sturgeon, Mo.**

18. (a) Signature of funeral director **Wallace Funeral Home**  
**W 6th St. Fulton, Missouri**  
 (b) Address \_\_\_\_\_  
 19. (a) **10-24-1948** (b) **Joan Morand**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Callaway**  
 (c) City or town **Fulton**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **712 Jefferson St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Oct.** day **23**  
 year **1948** hour **1** minute **34.5** M.  
 21. I hereby certify that I attended the deceased from **1/31 1948** to **10/23 1948**  
 that I last saw him alive on **10/22 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **chr. myocarditis with congestive failure**  
 Due to **arteriosclerosis chr. valvular heart disease**  
 Duration **1 year**  
 Due to \_\_\_\_\_ years

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: **none**  
 Of operations: **none**  
 Of autopsy: **none**  
 Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature **Nancy Drost** (M. D. or other) **M.D.**  
 Address **Fulton, Mo.** Date signed **10/23/48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 5 1948

---

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 Kenil C. Brown  
Licensed Embalmer No. 2724  
P. O. Address Fuller 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.