

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANKCLAY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRANKCLAY</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First)	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>HULSEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 17, 1869</u>	9. AGE (In years last birthday) if UNDER 1 YEAR Days if UNDER 1 HRS. Min. <u>79 9 13</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOLS</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN HULSEY</u>	13b. MOTHER'S MAIDEN NAME <u>ROXANA GAMBLE</u>	14. NAME OF HUSBAND OR WIFE <u>ANNIE HULSEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-24-2235</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS FLORENCE WILKESON, FRANKCLAY, MO</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LEFT LOBAR PNEUMONIA</u> DUE TO (c) <u>H2O!</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/3, 1949, to 1/30, 1949, that I last saw the deceased alive on 1/30, 1949, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Wintz, M.D.</u>	23b. ADDRESS <u>Leadwood Mo</u>	23c. DATE SIGNED <u>2/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEADWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEADWOOD, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-2-1949</u>	REGISTRAR'S SIGNATURE <u>Catherine Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bert L. Boyer Leadwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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REMOVED

Officer No. 4

249-194

2-2-49

5/10/6



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 _____

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

William E. Boyer
Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.