

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28964

State File No. _____

FILED SEP 3 1949

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 414 North Jefferson		d. STREET ADDRESS (If rural, give location) 414 North Jefferson	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Hulett			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 27-1942	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR 1 Months 22 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Went To School		10b. KIND OF BUSINESS OR INDUSTRY Did not Work		11. BIRTHPLACE (State or foreign country) Missouri, I	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Glenn Eugene Hulett		13b. MOTHER'S MAIDEN NAME Kathryn Alfrey		14. NAME OF HUSBAND OR WIFE -----P	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Glenn Eugene Hulett-Marshall-MO.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Monocytic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 7 Mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		2042	
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)		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 April, 1949, to Aug 19, 1949, that I last saw the deceased alive on Aug 17, 1949, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Kennedy M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 8-20-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 21-1949		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.	
24d. LOCATION (City, town, or county) (State) Marshall - Missouri		DATE REC'D BY LOCAL REG. Aug 21-1949		REGISTRAR'S SIGNATURE Sidney J. Gray 3850	
25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Sussman		ADDRESS _____			

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

AUG 29

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-1-49

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 J. Leeli Surrus

Licensed Embalmer No. 3235

P. O. Address Marshall

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.