

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33568

State File No. \_\_\_\_\_

736

128

2000

Registrar's No. 968

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 968			
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		d. STREET ADDRESS (If rural, give location) <b>2011 N. Prospect</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2011 N. Prospect</b>				d. STREET ADDRESS (If rural, give location) <b>2011 N. Prospect</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Berda</b>			b. (Middle) <b>M.</b>		c. (Last) <b>Hull</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 3 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 16 1900</b>		9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George Wing</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Stafford</b>		14. NAME OF HUSBAND OR WIFE <b>Sampson Hull</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sampson Hull</b>		ADDRESS <b>Springfield</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b> DUE TO (c) <b>Hypotension, Pott's Vascular disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>321X</b>	
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 <b>May</b> , 1949, to <b>Nov. 3</b> , 1949, that I last saw the deceased alive on <b>Nov 3</b> , 1949, and that death occurred at <b>9:00a m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Dr. D. F. Youll M.D.</b>				23b. ADDRESS <b>234 1/2 - E Commercial Springfield Mo</b>		23c. DATE SIGNED <b>Nov 5-1949</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-6-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>23mi. North Springfield</b>				
DATE REC'D BY LOCAL REG. <b>11-7-49</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Klingner &amp; Co.</b>		ADDRESS <b>Spfld. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
708  
39

**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

*Max Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.