

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34139

State File No.

49
512

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>465</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>1</u> year		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>1401 Mississippi</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1401 Mississippi</u>				d. STREET ADDRESS <u>1401 Mississippi</u>				
3. NAME OF DECEASED a. (First) <u>ALBERT</u>			b. (Middle) <u>GREGORY</u>		c. (Last) <u>HULL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 16, 1867</u>		9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>4</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>M.D. and Mine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Birmingham, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>John Albert Tiffin Hull</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Gregory</u>		14. NAME OF HUSBAND OR WIFE <u>Ray M. Hull</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ray M. Hull, Joplin, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5-31-49</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lower lobe of left lung.</u>				DUE TO (b) _____				10-20-49
ANTECEDENT CAUSES				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>163X</u>
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) m.		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 <u>1-28</u> , 19 <u>38</u> , to <u>10-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-19</u> , 19 <u>49</u> , and that death occurred at <u>10:30am.</u> , from the causes and on the date stated above.								
22a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.				23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>10-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Birmingham, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>10-21-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>				

RECEIVED 11-1-49

Jasper County Health Office

County File Number 49-10-836

Date Filed 11-8-49

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

Jesse O Sullin

Licensed Embalmer No. 4646

P. O. Address Joplin, 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.