

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 27 1949

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6661 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Gerster (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gerster (Rural) Dallas Twp.</u>	
c. LENGTH OF STAY (in this place) <u>38 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Clifford Clyde</u> b. (Middle) <u>Hull</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct; 10, 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>June 10 1864</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cambridge Vermont</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>			
13a. FATHER'S NAME <u>John P. Hull</u>		13b. MOTHER'S MAIDEN NAME <u>Rosina Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Hull</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hull</u> ADDRESS <u>Vanoverville 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 <u>7/3, 1947</u> , to <u>10/10, 1949</u> , that I last saw the deceased alive on <u>7/22, 1949</u> , and that death occurred at <u>11:15 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Frank Judd, M.D.</u> (Degree or title)		23b. ADDRESS <u>Osceola, Mo.</u>	23c. DATE SIGNED <u>10/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kings Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Gerster Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 15 49</u>	REGISTRAR'S SIGNATURE <u>W. H. Seavers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. ...</u>	ADDRESS <u>Osceola Mo</u>

RECEIVED
District Health Officer No. 7
District File Number 9-49-127
Date Filed 12-26-49

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 B Kalsch

Licensed Embalmer No. 3038

P. O. Address Quincy 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.