

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4424

380

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 0444 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Athens</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Athens</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>North east of Albany, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast of Albany</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ervin</u>	b. (Middle) <u>Earl</u>	c. (Last) <u>Hulet</u>
4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>14</u>	(Year) <u>50</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 16 - 1880</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>29</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Lewis C. Hulet</u>	13b. MOTHER'S MAIDEN NAME <u>Aracanda Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Crisp</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 ADDRESS <u>Mrs. E. E. Hulet - Albany, 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>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Small intestine</u> DUE TO (c) <u>Chronic Gall Bladder Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>8 mo</u> <u>6 yrs.</u> <u>15 2X</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)	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>Feb 14</u> , 19 <u>50</u> , to <u>Feb 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 14</u> , 19 <u>50</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Brun F.D.O.</u> (Degree or title)		23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>2-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/16/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-26-17-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edah Lehelda</u>	48	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albany Mo</u>



**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. L. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.