

FILED MAR 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5528

BIRTH NO. 9226-50 REG. DIST. NO 241 PRIMARY REG. DIST. NO 5829 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Portage</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Portage Temp 0720</i>		d. STREET ADDRESS (If rural, give location) <i>2</i>	
3. NAME OF DECEASED (Type or Print) <i>Richard Wayne Hulshof</i>				4. DATE OF DEATH (Month) <i>Feb</i> (Day) <i>2</i> (Year) <i>1950</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Intant</i>		8. DATE OF BIRTH <i>Feb 2, 1950</i>	
9. AGE (In years last birthday) <i>—</i> Months <i>—</i> Days <i>—</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Intant</i>		11. BIRTHPLACE (State or foreign country) <i>New Madrid Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Willie Hulshof</i>			13b. MOTHER'S MAIDEN NAME <i>Louise Brands</i>			14. NAME OF HUSBAND OR WIFE <i>—</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <i>Willie Hulshof - Portageville, Mo</i> ADDRESS <i>—</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Compression of cord & asphyxiation during delivery</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Breath presentation</i> DUE TO (c) <i>—</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5-10 min.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>Portageville New Madrid Mo.</i>			
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 <i>2 Feb.</i> , 1950, to <i>2 Feb.</i> , 1950, that I last saw the deceased alive on <i>2 Feb.</i> , 1950, and that death occurred at <i>8:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>L. B. Painter Jr. M.D.</i>				23b. ADDRESS <i>Portageville, Mo.</i>		23c. DATE SIGNED <i>18 Feb. '50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Feb 3, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Portageville</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville, Mo</i>	
DATE REC'D BY LOCAL REG. <i>Feb 18, 1950</i>		REGISTRAR'S SIGNATURE <i>Ellen DeLisle</i> 219		25. FUNERAL DIRECTOR'S SIGNATURE <i>DeLisle Funeral Parlor - Portageville, Mo</i> ADDRESS <i>—</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FFR 27 19
District Health Office No. 2
District File Number 250-12
Date Filed.....

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.