

FILED MAY 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12421

BIRTH NO. 4-25-50		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Dade County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood		c. LENGTH OF STAY (In this place) 18 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Missouri		2290	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood Memorial Hosp.				d. STREET ADDRESS Smith Rest home			
3. NAME OF DECEASED a. (First) Louise			b. (Middle) CLEMENTINE		c. (Last) HULL		4. DATE OF DEATH (Month) (Day) (Year) April 4 1950
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 15, 1869		9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 2	11. UNDER 2 WKS. Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY house work		11. BIRTHPLACE (State or foreign country) popular bluff, mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Milo Gore		13b. MOTHER'S MAIDEN NAME Sarah Gier		14. NAME OF HUSBAND OR WIFE Henry H. Hull			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Sawyer Fairplay, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma					INTERVAL BETWEEN ONSET AND DEATH 48 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus					several years
		DUE TO (c)					260X
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>March 29th, 1950</u> to <u>April 4th, 1950</u> , that I last saw the deceased alive on <u>April 4th, 1950</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Max Heibmann (Degree or title) M.D.				23b. ADDRESS Lockwood, Mo.		23c. DATE SIGNED 4-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6/50	24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery		24d. LOCATION (City, town, or county) (State) West 2 Dadeville Mo		
DATE REC'D BY LOCAL REG. 4-9-50		REGISTRAR'S SIGNATURE Geo L Marx 79		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Willard B. Green Dadeville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 1 1950

District Health Office No. 6,

District File Number 550-517

Date Filed 5-1-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Willard P. Ewing

Licensed Embalmer No. 3092

P. O. Address Ballwin, 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.