

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27274

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>374</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 TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		<u>0495</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 Range Line</u>				d. STREET ADDRESS (If rural, give location) <u>801 Range Line</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Hulen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23 1950</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 6, 1881</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Racine, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jess F. Testerman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bell Humphrey</u>		14. NAME OF HUSBAND OR WIFE <u>Arlie Hulen</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arlie Hulen 801 Range Line</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion acute</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Arthritis chronic joints</u> the underlying cause last. DUE TO (c) <u>Stroke + cerebral spine</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>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Unaccepted tooth</u>				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? <u>None</u>				
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>40</u> , to <u>8-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>50</u> ; and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wierbeck</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Joplin north Park Bldg</u>		23c. DATE SIGNED <u>8-24-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-26-50</u>		REGISTRAR'S SIGNATURE <u>Edw. James</u> <u>1138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker-Hunsaker Mortuary, Joplin Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-29-50  
Jasper County Health Office

*Handwritten mark*

County File Number 50-8-638  
Date Filed 8-29-50

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 \_\_\_\_\_

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

working under my personal supervision.

Signed *F. M. Jones*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2319

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.

SEP 1950  
SEP 6 1950