S. No. 300
Rev. 10-48

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27542

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 306

0644

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 2835 Market

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 2835 Market

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Effie Belle Hulett

4. DATE OF DEATH (Month) (Day) (Year): August 30, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: November 14 1864
9. AGE (In years last birthday): 85 — If under 1 year: Months 9, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (State or foreign country): Chandlerville Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Pilcher
13b. MOTHER'S MAIDEN NAME: Katherine
14. NAME OF HUSBAND OR WIFE: Walter Hulett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. J. T. Betts, 2835 Market Hannibal Missouri

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) Fracture clavicle (Right) — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart
DUE TO (c) Nausea — 2 yrs.

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 ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell from bed

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:00 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 100 Bdwy
23c. DATE SIGNED: 9/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/1/50
24c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park
24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 9-5-50
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 189
25. FUNERAL DIRECTOR'S SIGNATURE: W. Crawford Smith
ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 11 1950
ARION CO. HEALTH DEPT.
DATE FILED SEP 14 1950

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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.