

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31475

State File No.

BIRTH NO. 124 REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 3060 Registrar's No. 296

0941
 1

1. PLACE OF DEATH St. Francois Co. a. COUNTY <u>St. Francois</u> 522 Morris St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Mo.</u> 0	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Mo.</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>522 Morris St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edna</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Hule</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1950</u>
-------------------------------------	------------------------	------------------------	-----------------------	---------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2	8. DATE OF BIRTH <u>Aug. 17, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	-------------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------------------------------	---------------------------------------------

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	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Patrick Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>W.F. Hule</u>
-----------------------------------------	------------------------------------------	----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claire Wilson, Farmington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8-30-50</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u></u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</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 8-30-, 1950, to 9/9-, 1950, that I last saw the deceased alive on Sept 7, 1950, and that death occurred at 12-19pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.M. Stairfield DO 2</u>	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>9/9/50</u>
--------------------------------------------------------------	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>	24d. LOCATION (City, town, or county) (State) <u>near Farmington, Mo.</u>
---------------------------------------------------------	--------------------------	----------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Sept. 11, 1950</u>	REGISTRAR'S SIGNATURE <u>E. R. Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozart Funeral Home, Farmington, Mo.</u>
------------------------------------------------	--------------------------------------------	--------------------------------------------------------------------------------------

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
SEP 16 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *C. J. Moran*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.