

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32941

FILED NOV 6 1950

State File No. _____

0201
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs. Rural Route 1</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kings Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) <u>Warren</u>		a. (First) <u>J</u> b. (Middle) <u>I</u> c. (Last) <u>Hulse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 12, 1876</u>
9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joel P. Hulse</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Dove Hulse</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Phella Smith</u>		ADDRESS <u>El Dorado Spgs. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Senility</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
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>10-9, 1950</u> , to <u>10-15, 1950</u> , that I last saw the deceased alive on <u>10-15, 1950</u> , and that death occurred at <u>7:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Describe or title) <u>Chas. Underwirth D.O.</u>		23b. ADDRESS <u>El Dorado Spgs.</u>	
23c. DATE SIGNED <u>10-20-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Oct 18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Rural Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George W. Napier</u>	
DATE REC'D BY LOCAL REG. <u>Oct 20, 1950</u>		REGISTRAR'S SIGNATURE <u>George W. Napier</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Napier Funeral Home</u>		ADDRESS <u>El Dorado Spgs.</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 31 1950
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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 Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address Nevada, 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.