No. 300
10-46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1951

State File No. 40057

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARROLLTON
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATON CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tina, RFD# 0170
d. STREET ADDRESS (If rural, give location): ½ mile north Coloma

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): CLAY
c. (Last): HULL

4. DATE OF DEATH (Month) (Day) (Year): DEC. 25, 1950

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Nov. 26, 1880
9. AGE (In years last birthday): 70 — If under 1 year: Months 0 Days 29 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Carroll County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William Hull
13b. MOTHER'S MAIDEN NAME: Martha Jane White
14. NAME OF HUSBAND OR WIFE: Carry Lee Hull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Dale Hull — ADDRESS: Tina, 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) Prostatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 12 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

177X

19a. DATE OF OPERATION: About 6 Months before death
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 18, 1950 *to* Dec. 25 1950 *that I last saw the deceased alive on* Dec. 25 1950 *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Hamilton Staton
(Degree or title): M.D.
23b. ADDRESS: Carrollton, Mo.
23c. DATE SIGNED: Dec. 26 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27th, 1950
24c. NAME OF CEMETERY OR CREMATORY: Coloma
24d. LOCATION (City, town, or county) (State): Tina, Missouri

DATE REC'D BY LOCAL REG.: 12/29/50
REGISTRAR'S SIGNATURE: Mrs Herbert Calverts
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford W. Austin — ADDRESS: Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 2 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 Clifford W Justin

Signed.....
Student Embalmer

Licensed Embalmer No. 3233

P. O. Address Tina, Missou

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.