

FILED APR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11943

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (in this place) <u>26 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		<u>0241</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 E. Mill St.</u>			d. STREET ADDRESS (If rural, give location) <u>503 E. Mill St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oswald</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Hull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar.-9-1884</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR <u>1</u> Months	IF UNDER 1 MRS. Hours
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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 <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Torrence Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
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13a. FATHER'S NAME <u>Jim Hull</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Vina Hull</u>			
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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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vina Hull</u>		ADDRESS <u>Liberty, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			PREVIOUS <u>Previous</u> DUE TO (b) " " " <u>1 8 mo ago</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes</u>							<u>Indef.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov. 1949, to Apr. 10, 1951, that I last saw the deceased alive on Apr. 3, 1951, and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Henderson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>4-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April-13-1951</u>		REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Dancer - Archer Co</u>		ADDRESS <u>Liberty Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Harold K. Smith

Licensed Embalmer No. 4573

P. O. Address Liberty, 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.