

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17602

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3035 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Bolivar Mo</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Bolivar Mo 0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 South Springfield Street</u>		d. STREET ADDRESS (If rural, give location) <u>602 South Springfield Street</u>	
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>James</u> c. (Last) <u>Hull</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 5 1865</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>7</u>	11. DAYS <u>4</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 <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John C. Gold</u>	13b. MOTHER'S MAIDEN NAME <u>Reynolds</u>
14. NAME OF HUSBAND OR WIFE <u>Joseph M. Hull</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida P. Stiles</u> ADDRESS <u>Bolivar 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>Inanition & debility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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 type="checkbox"/>		4500	
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 <u>1947</u> , 19____, to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>May 9, 1951</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mr. J. Lumbard</u>		23b. ADDRESS <u>Bolivar Mo</u>	23c. DATE SIGNED <u>5-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 13 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo</u>
DATE REC'D BY LOCAL REG. <u>May 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Green and Blaine Bolivar</u>	ADDRESS <u>Mo</u>

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

0841

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

RECEIVED MAY 22 1938

Dist. File 257-9158

Date Filed 5-22-38

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 Harold B. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bellvue, 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.