

FILED JUL 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23350

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4241</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>		c. LENGTH OF STAY (in this place) <u>50 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u> <u>0480</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>			b. (Middle) <u>D.</u>		c. (Last) <u>Hulse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-10-1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 9-1874</u>	9. AGE (In years last birthday) <u>76</u> <u>9</u> <u>2</u>		IF UNDER 1 YEAR Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant - Dry goods</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oak Grove Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Hulse</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Steele</u>		14. NAME OF HUSBAND OR WIFE <u>Allie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Allie Hulse - Oak Grove Mo</u>		ADDRESS	
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>Arterio Sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic's Generalized</u>				<u>10 years</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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 <u>June</u> , 19 <u>47</u> , to <u>death</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>51</u> , and that death occurred at <u>8:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Williams</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Oak Grove, Mo</u>		23c. DATE SIGNED <u>7-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-12-51</u>		REGISTRAR'S SIGNATURE <u>Donald C. Cloward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt Funeral Home Oak Grove Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

480
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1961 8 18

JUL 17 RECD

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 R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.