

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27770

| | | | | | | | | |
|--|-------------------------------|--|--|--|---|--------------------------------|---|------|
| BIRTH NO. _____ | | REG. DIST. NO. 267 | | PRIMARY REG. DIST. NO. 5906 | | Registrar's No. 85 | | |
| 1. PLACE OF DEATH a. COUNTY Pemiscot 0780 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Pemiscot | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Wardell Rural | | c. LENGTH OF STAY (If in this place) 15 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wardell 0780 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1 | | | | d. STREET ADDRESS (If rural, give location) Rural Route 1 0 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ernest | | | b. (Middle) T. | | c. (Last) Hull | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1951 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 4, 1900 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister | | | 10b. KIND OF BUSINESS OR INDUSTRY x | | 11. BIRTHPLACE (State or foreign country) Mississippi | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thortan Hull | | | 13b. MOTHER'S MAIDEN NAME Mattha Adams | | 14. NAME OF HUSBAND OR WIFE Emmer Hull | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or date of service) No | | | 16. SOCIAL SECURITY NO. x | | 17. INFORMANT'S SIGNATURE OR NAME Emmer Hull ADDRESS Wardell, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 Hrs. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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. | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Aug. 30, 1951 , and that death occurred at 1 A. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Dr. Clarence H. Chastain, D.O. (Degree or title) | | | | 23b. ADDRESS Wardell, Mo. | | 23c. DATE SIGNED 9-1-51 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-3-51 | 24c. NAME OF CEMETERY OR CREMATORY St. Paul | | 24d. LOCATION (City, town, or county) (State) Wardell, Mo. | | | |
| DATE REC'D BY LOCAL REG. 9-7-51 | | REGISTRAR'S SIGNATURE John W. German 406 | | 25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Funeral Home Wardell, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

9-51-220

Rec. SEP 7 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

DEC 10 1950

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

James A. Osburn

Signed.....
Student Embalmer

Licensed Embalmer No. *4185*

P. O. Address. *Wardell, 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.