

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36368

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>4057</u>		Registrar's No. <u>295</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallsville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Boone</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallsville</u>		d. STREET ADDRESS (If rural, give location)		<u>01072</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>SALLY</u>	b. (Middle) <u>M.</u>	c. (Last) <u>HULEN</u>	(Month) <u>Nov.</u>	(Day) <u>14</u>	(Year) <u>1951</u>	Female	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 16, 1850</u>	9. AGE (In years last birthday) <u>101</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u>	Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>John Toalson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Clay Hulen</u>	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></u>
17. INFORMANT'S SIGNATURE OR NAME <u>Nodie Jones, Hallsville, Mo.</u>	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arterio Sclerosis</u>	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</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) 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 <u>Nov 14</u> , 19 <u>51</u> , to <u>Nov 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 14</u> , 19 <u>51</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.	23a. SIGNATURE <u>W. P. McComas MD</u> (Degree or title)	23b. ADDRESS <u>Sturgis Rd</u>	23c. DATE SIGNED <u>Nov 16-51</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>
24b. DATE <u>Nov. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red Top Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County, Mo.</u>	DATE REC'D BY LOCAL REG. <u>Nov 17 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Parker</u>	ADDRESS <u>Funeral Service, Columbia, Mo.</u>	

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

RECEIVED NOV 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number NOV 26 1951

Date Filed \_\_\_\_\_

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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, \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lawrence M. Billo

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.