

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11646**

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **156/57**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY OR TOWN Marshall, Mo.		c. CITY OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 35 Yrs		d. STREET ADDRESS (If rural, give location) 428 North Odell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 428 North Odell		d. STREET ADDRESS (If rural, give location) 428 North Odell	

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle) Parker	c. (Last) Hulett	4. DATE OF DEATH March 11 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 2 Days 25	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owned Grocery Store.	10b. KIND OF BUSINESS OR INDUSTRY Cut Meat	11. BIRTHPLACE (State or foreign country) Hallsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Hulett	13b. MOTHER'S MAIDEN NAME Sarah F. Butts	14. NAME OF HUSBAND OR WIFE Daisey Pitney Hulett
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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) No	16. SOCIAL SECURITY NO. 499-07-2046	17. INFORMANT'S SIGNATURE OR NAME Mrs. George P. Hulett-Marshall, Mo.	ADDRESS Marshall, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2-2-52
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. hemiplegia - left Hypertension		
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"/>
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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) _____	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 **2-2-52** to **3-10-52**, that I last saw the deceased alive on **2-10-52**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Samuel H. Payne M.D.	(Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 3/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/52	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. Mar. 14-1952	REGISTRAR'S SIGNATURE Widney T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE J. Leola Surrency	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

Licensed Embalmer No. 3235

P. O. Address Marshall, W.

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.