

FILED JUN 20 1952  
FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21211

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Liberty Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Fabius Township</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rural, Liberty Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Fabius Township</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Russell</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Hulett</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1952</b>
-------------------------------------	---------------------------	---------------------------	-------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 6, 1941</b>	9. AGE (In years last birthday) <b>11</b>	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 YEAR Hours	F UNDER 1 YEAR Min.
--------------------	-------------------------------	--	--------------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>	11. BIRTHPLACE (State or foreign country) <b>Beardstown, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Verne Hulett</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Peters</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Verne Hulett</b>	ADDRESS <b>Palmyra, Mo.</b>
---	------------------------------------	---	-----------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowning - Accidental</b>		
	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	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>R River</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Liberty Twnsp. Marion Mo.</b>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 15 1952 2:20 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Stepped into water of deep nature</b>
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Crawford Smith</b>	(Degree or title) <b>3 Corner. Hannibal Missouri</b>	23b. ADDRESS	23c. DATE SIGNED <b>6/16/52</b>
---	--	--------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/18/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ewing, Mo.</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>6/17/52</b>	REGISTRAR'S SIGNATURE <b>By Vera S. Dep.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis Reed</b>	ADDRESS <b>Palmyra, Mo.</b>
---	--	--	-----------------------------

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

1640  
3

RECEIVED JUN 18 1952  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 19 1952

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Robert Lewis*

Licensed Embalmer No. *2382*

P. O. Address *Palmyra, 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.