

## STANDARD CERTIFICATE OF DEATH

25279

State File No. ....

FILED JUL 29 1952 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY Pettis 0804,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis 0804	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 615 E. 9th., St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 E. 9th., St.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Hull		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1952	
5. SEX Fe /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Oct. 18, 1881
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days 9	IF UNDER 1 YEAR Months 1	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Iola, Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Wilson		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Wisniewski	14. NAME OF HUSBAND OR WIFE John Hull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Hull, John Hull, Sedalia, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH SUDDEN  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. OBESITY	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		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 JULY 19, 1952 to DEATH, that I last saw the deceased alive on 19 July, 1952 and that death occurred at 11:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Karl B. Toner M.D.		23b. ADDRESS SEDALIA MO	23c. DATE SIGNED 22 JULY 52
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial	24b. DATE July 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, MO
DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE C. C. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newbechert Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

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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, or by \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *W. Shehart*  
.....

Licensed Embalmer No. 3470

P. O. Address Sedalia 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.