

**STANDARD CERTIFICATE OF DEATH**

State File No. **38742**

**4978**

**FILED DEC 6 1952**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3244 Nicholson</b>		d. STREET ADDRESS (If rural, give location) <b>3244 Nicholson</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JOE</b> b. (Middle) c. (Last) <b>HULLEBUSCH</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>11/13/52</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>Wh</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>9/6/1885</b>		<b>9. AGE</b> (In years last birthday) <b>67</b>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Truck gardner</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>self</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Belgium</b>	

<b>13a. FATHER'S NAME</b> <b>Bruno Hullebusch</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Lemengre</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Elizabeth Plovie Hullebusch</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>no</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. E. Hullebusch, 3244 Nicholson</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypostatic pneumonia</b>		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <b>Cerebral Apoplexy</b> DUE TO (c) <b>General Arteriosclerosis</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						<b>334X</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Nov 10, 1952, to Nov 13, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>F.W. Thompson</b> (Degree or title)		<b>23b. ADDRESS</b> <b>705 Beyond Bldg</b>		<b>23c. DATE SIGNED</b> <b>11-14-52</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <b>11/15/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MT. OLIVET</b>		<b>24d. LOCATION</b> (City, town, county) (State) <b>KANSAS CITY Mo.</b>	
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<b>DATE RECD BY LOCAL REG.</b> <b>11-14-52</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Staldine Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John P. Sheil</b>		<b>ADDRESS</b> <b>H. C. Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address H. C. 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.