

**STANDARD CERTIFICATE OF DEATH**

State File No. **42760**

No. 300  
10.48  
**FILED JAN 5 1952**

**70072**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY OR TOWN <b>Brookfield</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Brookfield</b>	<b>0582</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>423 E Clayton</b>		d. STREET ADDRESS (If rural, give location) <b>423 E Clayton</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JO</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>HULETT</b>			4. DATE OF DEATH <b>Dec-23-1952</b> (Month) (Day) (Year)		
5. SEX <b>F</b>	6. COLOR OR RACE <b>R</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct-30-1952</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>1</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Brookfield Mo</b>	
			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Luther K. Hulett</b>		13b. MOTHER'S MAIDEN NAME <b>Lowella Bady</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Luther K. Hulett</b> ADDRESS <b>Brookfield Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>Few Hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute bronchitis</b>		DUE TO (b) <b>cold.</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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? 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 **Dec 23, 1952**, to **Dec 23, 1952**, that I last saw the deceased alive on **Dec 23, 1952**, and that death occurred at **2 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. N. Potter</b> (Degree or title) <b>Dr.</b>		23b. ADDRESS <b>Brookfield Mo</b>		23c. DATE SIGNED <b>12-26-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-26-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b> LOCATION (City, town, or county) (State) <b>Brookfield Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-29-52</b>		REGISTRAR'S SIGNATURE <b>Madine Stambach</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. K. Blacklock</b> ADDRESS <b>Brookfield Mo</b>	

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

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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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.