

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1263**

FILED FEB 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221** Registrar's No. **5**

0440  
1

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

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mound City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mound City</b>	
c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Mound City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>In the home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louie</b>	b. (Middle) <b>Leroy</b>	c. (Last) <b>Hull</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1953</b>
-------------------------------------	-------------------------	--------------------------	-----------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1890</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Power Company</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Comstock, Michigan</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13a. FATHER'S NAME <b>Orlando Hull</b>	13b. MOTHER'S MAIDEN NAME <b>Gertrude Goodman</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Hull</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>487-09-2135</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Louie Hull</b>	ADDRESS <b>Mound City, 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, asphyxia, 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>Coronary Occlusion &amp; Aneurysm</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None known</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

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)	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 **Jan 23, 1953**, to **Jan 24, 1953**, that I last saw the deceased alive on **Jan 23, 1953**, and that death occurred at **12:02 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. C. Hogan M.D.</b>	(Degree or title)	23b. ADDRESS <b>Mound City, Mo.</b>	23c. DATE SIGNED <b>1-25-53</b>
--	-------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/26/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mound City, Missouri</b>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>1-26-1953</b>	REGISTRAR'S SIGNATURE <b>James H. Crawford</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>James H. Crawford</b>	ADDRESS <b>Mound City, Mo.</b>
---	--	---	--------------------------------

APR 9 1954

APR 19 1954

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

*James H. Crawford*

Licensed Embalmer No. 4796

P. O. Address Marion City, 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.