

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2582

State File No. ....

841  
1  
FILED JAN 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 3053 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>North Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Main St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melissa</u> b. (Middle) <u>Porter</u> c. (Last) <u>Hulette</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 10 1879</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Month <u>3</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE. (City and State or Foreign Country) <u>Queening Shade Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Bedell</u>	14. NAME OF HUSBAND OR WIFE <u>Ernest Hulette</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Mrs. Kay Porter Bolivar Mo</u>
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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, asthma, 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) <u>Inanition &amp; Debilitation</u>		
	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: <u>794X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1949, 19  , to Jan 18, 1953, that I last saw the deceased alive on Jan 15, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>M. J. Gumbury</u>	23b. ADDRESS <u>Bolivar Mo.</u>	23c. DATE SIGNED <u>1-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 20 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery Springfield Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19, 1953</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell G. Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Blue Bolivar Mo</u>
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(Licensed Embalmer's Signature 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 D. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Bolivar, 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.