

STANDARD CERTIFICATE OF DEATH

State File No. **4888**

FILED FEB 24 1953

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|--|----------------------------------|--|---|---|-----------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>212</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>5 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | 0117 D | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2402 So. 19</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>THOMAS</u> | | b. (Middle) <u>JEFFERSON</u> | | c. (Last) <u>HULSE</u> | |
| 4. DATE OF DEATH | | (Month) <u>Feb.</u> | | (Day) <u>11</u> | | (Year) <u>1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 15 1875</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days | IF UNDER 11 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Fillmore Missouri</u> | | 12. CITIZENSHIP OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Thomas E. Hulse</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Dryzilla Morris</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucy Hulse</u> | |
| 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 AND NAME <u>Donald C. Hulse Shawnee Kansas</u> | | ADDRESS | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary T.B.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>T.B. Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis Gen</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>33</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>002 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2-9</u> , 19 <u>53</u> , to <u>2-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>53</u> , and that death occurred at <u>1:20 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. W. Kiebel, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>185 1/2 Hwy - St. Joseph, Mo</u> | | 23c. DATE SIGNED <u>Feb 13, 53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 14, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fillmore Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb 17, 1953</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shawnee Funeral Home</u> | | ADDRESS <u>St. Joseph Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Charles E. Bunker*.....

Licensed Embalmer No. *H.B. 37*.....

P. O. Address *St. Joseph 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.