

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1953

7657

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1495**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7116 Flordell Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			
3. NAME OF DECEASED a. (First) Sterling b. (Middle) Hulen c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-4-53
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-23-1863
9. AGE (In years last birthday) 90		10. KIND OF BUSINESS OR INDUSTRY bank	11. BIRTHPLACE (State or foreign country) Boone Co., Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired banker		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Amos Hulen		13b. MOTHER'S MAIDEN NAME Mary Jane Robert	
13c. NAME OF HUSBAND OR WIFE Ella Hulen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME C. M. Hulen, Moberly, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of myocardium ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic coronary artery disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4 days			
19a. DATE OF OPERATION 1-5-53		19b. MAJOR FINDINGS OF OPERATION nodular hyperplasia of the prostate	
20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		4201	
22. I hereby certify that I attended the deceased from 12-27 , 19 52 , to 2-4 , 19 53 , that I last saw the deceased alive on 2-4 , 19 53 and that death occurred at 12:45 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Charles M. Rose M.D. (Degree or title)		23b. ADDRESS 3720 Washington Blvd.	
23c. DATE SIGNED 2-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-5-53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Moberly, Mo.	
DATE REC'D BY LOCAL REG. FEB 9 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Snow F.H., Moberly, Mo.		ADDRESS	

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

1672

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.....
Reed Hoffman

Licensed Embalmer No. *4316*

P. O. Address *Shelton, Me*

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.