

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9891**
1349

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph, Hospital		d. STREET ADDRESS (If rural, give location) 1008 South Madison	

3. NAME OF DECEASED a. (First) Hettie b. (Middle) Ann c. (Last) Hulen			4. DATE OF DEATH (Month) (Day) (Year) March 5 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 14, 1884		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boothe County, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Fred Hulen		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Claude K. Hulen 7209 Virginia K.C. Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure (decompensated)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Post Operative (on Sept 24)		DUE TO (c) Old myocarditis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hypertension		2 1/2 x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Polyp of uterus		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 **1-20, 1953**, to **Mar 5, 1953**, that I last saw the deceased alive on **Mar 5, 1953**, and that death occurred at **4:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh A. Gestring (Degree or title) MD		23b. ADDRESS 303 W. 11th St. Bldg.		23c. DATE SIGNED 3-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/19/53		24c. NAME OF CEMETERY OR CREMATORY Aurora	
24d. LOCATION (City, town, or county) (State) Aurora, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Newcomers Sons Kansas City Mo			

DATE REC'D BY LOCAL REG. 3-6-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Newcomers Sons Kansas City Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED MAR 27 1953

9:00 a.m.

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 _____

Chester K Brown

Student Embalmer No. 476

working under my personal supervision.

Student *Chester K Brown*
Student Embalmer

Signed *Edward M. Stacey*

Licensed Embalmer No. 4452

P. O. Address *K. C. 4 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.