

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22432**

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5932** Registrar's No. **216**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte Mo.	
c. LENGTH OF STAY (in this place) 75 yrs		d. STREET ADDRESS (If rural, give location) 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Augusta	b. (Middle) Thompson	c. (Last) Hull	4. DATE OF DEATH (Month) (Day) (Year) 6 28 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 27 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) New Orleans La.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Waddy Thompson	13b. MOTHER'S MAIDEN NAME Elizabeth Wilkerson	14. NAME OF HUSBAND OR WIFE William Hull
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Pete Hull LaMonte Mo.	ADDRESS: _____
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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 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis			

19a. DATE OF OPERATION 331X	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) LaMonte Pettis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from **June 25, 1953**, to **June 28, 1953**, that I last saw the deceased alive on **June 28, 1953**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE T. G. W. Lewis M.D.	(Degree or title)	23b. ADDRESS Knob Noster Mo	23c. DATE SIGNED June 30
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-30-53	24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery	24d. LOCATION (City, town, or county) (State) LaMonte Mo.
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DATE REC'D BY LOCAL REG. 7-2-53	REGISTRAR'S SIGNATURE T. G. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore de Monte md	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

801

JUL 21 1955

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

Paul M. Moore

Licensed Embalmer No. *3923*

P. O. Address *La Monte, 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.