

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31062

State File No. ....

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1062

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>2 Wks</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Flag Springs</b>		<b>0020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No. Methodist Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) <b>MAGGIE</b>		a. (First) <b>JANE</b>	b. (Middle) <b>HULL</b>	c. (Last) <b>HULL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 26 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 28, 1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Andrew County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Elijah Hull</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Deaton</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John M. Myers</b>		ADDRESS <b>St. Joseph, Mo.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7-10 days?</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured Diverticuli</b>	DUE TO (c) <b>Gastro enteritis acute</b>			<b>2 wks</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity</b> <b>Arteriosclerosis</b>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>---</b>				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) <b>3-2-20</b>				
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>9-19-1953</u> , to <u>9-26</u> , 1953 that I last saw the deceased alive on <u>9-26, 1953</u> , and that death occurred at <u>3:55 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <b>S. W. Kieber, M.D.</b>			23b. ADDRESS <b>Kirkpatrick Oldy St Joseph Mo</b>		23c. DATE SIGNED <b>9-29-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 28, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Star Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Union Star, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Oct 5, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stoney Funeral Home St Joseph Mo</b>		ADDRESS	

(Licensed Embalmer's Statement 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Charles J. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4673

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.