

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43037**  
**5564**

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>22 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>7845 Summit</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7845 Summit</u>				d. STREET ADDRESS (If rural, give location) <u>7845 Summit</u>					
3. NAME OF DECEASED a. (First) <u>HARRY</u>			b. (Middle) <u>A</u>		c. (Last) <u>LULL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/24/53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>UNKNOWN</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 2 YEARS - OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PACKAGE LIQUOR STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Theodore A. Lull</u>			13b. MOTHER'S MAIDEN NAME <u>MARtha Rieman</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 OR NAME <u>Kittia Lull Thompson</u> ADDRESS <u>7845 Summit, Kansas City, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebric</u>					<u>3 mo</u>		
		DUE TO (c) <u>Ca of Prostate</u>					<u>4 yrs</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic Lesions of Spine</u>					<u>4 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>						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 <u>June, 1949</u> , to <u>24 Nov, 1953</u> , that I last saw the deceased alive on <u>21 Nov, 1953</u> , and that death occurred at <u>12:45A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John M. Powers</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3504 Linwood</u>		23c. DATE SIGNED <u>11/24/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 25 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>11-25-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Newcomer Sons</u> ADDRESS <u>1231 Royal Creek Blvd Kansas City, Missouri</u>					

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

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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 *Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address *K. C. 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.