

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43447**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5591** Registrar's No. **53**

0520

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Near Glade Chapel		c. CITY (If outside corporate limits, write RURAL and give township) Central Township	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) near Glade Chapel, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If institution, include name, address or location) Central Township near Glade Chapel, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) LEE c. (Last) HULL			4. DATE OF DEATH (Month) (Day) (Year) Dec 21, 1953		
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5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 28, 1952		9. AGE (In years last birthday) 1		10. UNDER 1 YEAR Months 2 Days 23		11. UNDER 18 HRS. Hours -- Min. --	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Glade Chapel, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S.		
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13a. FATHER'S NAME Harvey Ray Hull			13b. MOTHER'S MAIDEN NAME Virginia Lloyd			14. NAME OF HUSBAND OR WIFE Single		
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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 HARVEY RAY HULL			ADDRESS		
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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) Resident Cerebrospinal Leptomeningitis							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) none								
		DUE TO (c) Meningococcus Meningitis								
		II. OTHER SIGNIFICANT CONDITIONS (by supp. report.) Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 6570						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) 6570		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12.45 m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl E. Rice M.D. David E. Smith M.D.		23b. ADDRESS Billaboro Mo 96834 Waterman, St. Louis 5		23c. DATE SIGNED Dec 21, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 23, 53		24c. NAME OF CEMETERY OR CREMATORY Glade Chapel Cem.		24d. LOCATION (City, town, or county) (State) Glade Chapel, Mo.	
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DATE REC'D BY LOCAL REG. 12-22-53		REGISTRAR'S SIGNATURE Kathleen Marsden		25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home Imperial, Mo.		ADDRESS	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 8 1954

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

Arthur W. Heiligstein

Signed.....

Student Embalmer

Licensed Embalmer No. *3872*

P. O. Address: *Imperial 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.

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This 1 year old child died without medical attention. Under the provisions of Revised Missouri Statutes, Chapter 193, PP 193.140, the County Health Officer then investigated the cause of death by requesting an autopsy. As a result of said autopsy it was ascertained that death occurred from meningococcus meningitis.



Carl E. Rice, M.D.

Director

Jefferson County Health Department

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 8 1954