

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7779**

BIRTH MONTH **MAR 29 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **319**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 43 years		e. STREET ADDRESS (If rural, give location) 625 Mt. Mora Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) Frances	a. (First) Frances	b. (Middle) L.	c. (Last) Hulett	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 23, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 70 Days	IF UNDER 1 HR. Hours 70 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Breckenridge, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Patrick N. Lollis	13b. MOTHER'S MAIDEN NAME Elizabeth Cunningham	14. NAME OF HUSBAND OR WIFE William C.
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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 William Hulett, 625 Mt. Mora Rd., St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1-3 weeks? Several years 4-5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial endocarditis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic valvulitis - DUE TO (c) Left hemiparesis by embolism		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. probable embolism			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4011	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)
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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?
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22. I hereby certify that I attended the deceased from 3-13, 1954, to 3-16, 1954 that I last saw the deceased alive on 3-16, 1954 and that death occurred at 5:45a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Lucas H. Ide</i>	(Degree or title) M.D.	23b. ADDRESS 902 Edward St. Joseph, Mo.	23c. DATE SIGNED 3-17-54
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24a. BURIAL, CREATION, REMOVAL (Specify) burial	24b. DATE 3/18/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Mar 24, 1954	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	495	25. FUNERAL DIRECTOR'S SIGNATURE <i>Newton - Bowman</i>	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1959

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
Signature of Student Embalmer

Signed *Eugene Wood*

Licensed Embalmer No. *384*

P. O. Address *319 So. 1st St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.