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

FILED MAR 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9839**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY OR TOWN <u>ELVINS</u>		c. CITY OR TOWN <u>ELVINS</u>	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)		e. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>Austin</u> c. (Last) <u>Hulsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 24, 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>NOV. 24, 1872</u>		9. AGE (In years last birthday) <u>81</u>		10. If UNDER 1 YEAR: Months <u>4</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN, MO. 0.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Hulsey</u>		13b. MOTHER'S MAIDEN NAME <u>JANE BLANTON</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Hulsey</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Charles Snow Elvins, Mo.</u> ADDRESS	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 to 10 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation (obstruction of trachea caused by ingestion of a piece of meat)</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>E9210</u> <u>22</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ELVINS St. Francis MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-21-1954 12:20 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accident OCCUR? Pt was eating lunch &amp; became choked on a piece of meat</u>	

22. I hereby certify that I attended the deceased from ON 3-21, 1954, to 3-21, 1954, that I last saw the deceased alive on 3-21, 1954, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Morris, M.D.</u>		23b. ADDRESS <u>Elvins, Mo.</u>		23c. DATE SIGNED <u>3-22-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	
				24d. LOCATION (City, town, or county) (State) <u>Leadington, MO.</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> <u>289-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River, Mo.</u>	
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APR 1 8 1954

JUN 25 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R. Caldwell*.....

Licensed Embalmer No. *253*

P. O. Address *Flat River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.