

FILED MAY 24 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14969**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 502

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u> | c. LENGTH OF STAY (in this place) <u>19 yrs.</u> | c. CITY OR TOWN <u>St. Joseph</u> | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2019 Agency Road</u> | | e. STREET ADDRESS (If rural, give location) <u>2019 Agency Road</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ANNA</u> c. (Last) <u>Hull</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May-13-1954</u> | | | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 24-1862</u> | 9. AGE (In years last birthday) <u>91</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Forty Riley, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Horatio Reed</u> | 13b. MOTHER'S MAIDEN NAME <u>Marna Wallace</u> | 14. NAME OF HUSBAND OR WIFE <u>Martin D. Hull</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys Harding</u> |

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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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> | ANTECEDENT CAUSES | | <u>Yrs</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Sclerosis - Sinitly</u> | | |
| | DUE TO (c) <u>Aortic Stenosis</u> | | <u>4211.</u> |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| | <u>Uremia with</u> | | <u>6 mos.</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Uremic Poisoning</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
| 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 Feb 1952 to May 13, 1954 that I last saw the deceased alive on May 2, 1954, and that death occurred at 6:30 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>E. L. Shepard M.D.</u> | 23b. ADDRESS <u>8015 Francis St. Joseph Mo</u> | 23c. DATE SIGNED <u>5/13/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>May-13-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>May 18, 1954</u> | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackburn</u> | ADDRESS _____ |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas City*

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.