

FILED SEP 1 1954

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26760

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>57426</u>		Registrar's No. <u>123</u>			
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b>				b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL BOLES</b>			c. LENGTH OF STAY (In this place) <b>17WK</b>		c. CITY OR TOWN <b>SULLIVAN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural of Pacific Mo.</b>				e. STREET ADDRESS (If rural, give location) <b>036/0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LORINDA</b>			b. (Middle) <b>JANE WALL</b>		c. (Last) <b>HULSEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 23 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>8-27-1870</b>		9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin County</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>NIGHTON WALL</b>			13b. MOTHER'S MAIDEN NAME <b>ROSIETA NAPPIER</b>			14. NAME OF HUSBAND OR WIFE <b>B.F. HULSEY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>E.N. HULSEY</b>			ADDRESS <b>SULLIVAN MO.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gastric &amp; rectal hemorrhages</b> DUE TO (c) <b>Causes of fracture &amp; stomach</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Aug 12</u> , 19 <u>54</u> , to <u>Aug 23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 23</u> , 19 <u>54</u> , and that death occurred at <u>9:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>C. S. Puffer D.O.</b>				23b. ADDRESS <b>Pacific</b>			23c. DATE SIGNED <b>Aug 25/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-25-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>F.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan Mo</b>			
DATE REC'D BY LOCAL REG. <b>Aug. 25. 1954</b>		REGISTRAR'S SIGNATURE <b>Mary B. Gross</b>		94-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos. P. Shaffer</b> ADDRESS <b>Sullivan Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Paul F. Knollenberg*

Licensed Embalmer No. *2631*

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