

FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38147**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY OR TOWN <u>Newtonia</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) <u>2 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>073<sup>0</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Forrest</u> c. (Last) <u>Hull</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7-26-1917</u>
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>flooring mill</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Thomas F. Hull</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Turner</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Hull-Newtonia, Mo.</u>	

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>Pneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS		3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. ANTECEDENT CAUSES		2 1/2 weeks	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fracture 7th cervical vertebra with transection of cord</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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>automobile</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>073</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 27 1954 6p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>	

22. I hereby certify that I attended the deceased from 10-27, 1954, to 11-13, 1954, that I last saw the deceased alive on 11-13, 1954, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold C. Lentz</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>11-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newtonia IOOF Cem.</u>	
		24d. LOCATION (City, town, or county) (State) <u>Newtonia, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>11-30-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Culver - Cassville, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1254-258

Date Filed DEC 9 1954

NEOSHO, MISSOURI

MAY 24 1955

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 Margaret C. Henbest

Licensed Embalmer No. 438

P. O. Address Cassville

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.