No. 300
10-48

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 100

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Barton 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ramar
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Soc. Twsp 1 0290
d. STREET ADDRESS (If rural, give location): 10 miles N.E. Greenfield, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Aldrie
c. (Last): Hull

4. DATE OF DEATH (Month) (Day) (Year): 1 - 2 - 55

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Feb 5, 1884
9. AGE (In years last birthday): 70 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Henry H. Hull
13b. MOTHER'S MAIDEN NAME: Elizabeth Jane Clark
14. NAME OF HUSBAND OR WIFE: May Belle DePee Hull

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 ADDRESS: Bill Hull South Greenfield

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Over 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Obstruction of Pyloric end — Partial 1 month
DUE TO (c): of Stomach c̄ Starvation — Complete 5-7 days

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: Diagnosis by X-rays Dec. 15, 1954 15.1 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 15, 1954, *to* Jan 2, 1955, *that I last saw the deceased alive on* Jan 2, 1955, *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben T. Bickel, MD-O
23b. ADDRESS: Ramar, Mo.
23c. DATE SIGNED: Jan 2, 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-55
24c. NAME OF CEMETERY OR CREMATORY: Fullington Cemetery
24d. LOCATION (City, town, or county) (State): Dade Co. Mo.

DATE REC'D BY LOCAL REG.: JAN 4 - 1955
REGISTRAR'S SIGNATURE: Marie Konantz 14-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. C. Canada, Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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 this body is not embalmed, fact should be so stated above.