

FILED AUG 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23055

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5846 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo	c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Elmo	d. 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 James Hull home		f. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE	b. (Middle) JANE	c. (Last) HULL	4. DATE OF DEATH (Month) (Day) (Year) 7 31 55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/29/72	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Easby, Yorkshire, Eng.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Cole	13b. MOTHER'S MAIDEN NAME Ann Riddley	14. NAME OF HUSBAND OR WIFE Walter Hull, dec.
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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 James Hull, Elmo, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		3 yrs. 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardiac Decompensation DUE TO (c) Heat Stroke 4341F		1 day 1 day
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 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)
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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?
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22. I hereby certify that I attended the deceased from January 12, 1955, to July 31, 1955, that I last saw the deceased alive on July 31, 1955, and that death occurred at 7:55 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald M. Hayes D. O.	23b. ADDRESS Elmo, Missouri	23c. DATE SIGNED Aug. 2, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 8/3/55	24c. NAME OF CEMETERY OR CREMATORY Elmo	24d. LOCATION (City, town, or county) (State) Elmo, Missouri
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DATE REC'D BY LOCAL REG. 8 6 55	REGISTRAR'S SIGNATURE Bessie Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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WRITE PLAINLY—USING UNFADEING 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 *Clara M. Price*.....

Licensed Embalmer No...1888

P. O. Address *Maryville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.