

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1956

Registrar's No. 127

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wyatt Park Nursing Home 2705 Lafayette Street		e. STREET ADDRESS (If rural, give location) 2401 N. W. Extension 01170	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) R. c. (Last) Hulse			4. DATE OF DEATH (Month) (Day) (Year) February 1, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 28, 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas E. Hulse	13b. MOTHER'S MAIDEN NAME Drusella Miller	14. NAME OF HUSBAND OR WIFE Hattie M. Hulse
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ralph R. Hulse	ADDRESS St. Joseph, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis with cerebral thrombosis and left hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left hemiplegia</u>		
	DUE TO (c) <u>Bilateral varicose veins, left prostatic hypertrophy</u>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>several yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 8-28, 1954 to 1-27, 1956, that I last saw the deceased alive on 1-27, 1956, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thompson D. Potter M.D.</u>	23b. ADDRESS <u>731 Faron St. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 3, 1956	24c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	24d. LOCATION (City, town, or county) (State) Fillmore, Missouri.
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DATE REC'D BY LOCAL REG. Feb 6, 1956	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	4-85	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer - Gleason, Inc.</u>	ADDRESS St. Joseph, Mo.
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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.....
Raymond W. Morehead

Licensed Embalmer No...4413...

P. O. Address..St..Joseph, 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.