No. 300
10.48

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12613

State File No.

BIRTH NO. REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hale
c. LENGTH OF STAY (In this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Hale Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Carroll
c. CITY OR TOWN Hale
d. Is Residence within limits of a City or Incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) North Part Town 0170

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Bell c. (Last) Hull

4. DATE OF DEATH (Month) April (Day) 25 (Year) 1956

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug 18-1877
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 8 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Carroll County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Solomon B Garber
13b. MOTHER'S MAIDEN NAME Ellen
14. NAME OF HUSBAND OR WIFE George W Hull -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs Alta Lewis ADDRESS Brookfield Mo

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) Pneumonia, Terminal Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 3 mos
DUE TO (c) Arterial Sclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Senile — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4343
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* March 1, 1956 *to* Apr. 25, 1956, *that I last saw the deceased alive on* Apr. 20, 1956, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph A. Conrad (Degree or title) M.D
23b. ADDRESS Chillicothe, Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/27/56
24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery
24d. LOCATION (City, town, or county) Hale (State) Missouri

DATE REC'D BY LOCAL REG. May 8, 1956
REGISTRAR'S SIGNATURE Mrs Rex Henderson
25. FUNERAL DIRECTOR'S SIGNATURE Clifford W Austin ADDRESS Tina 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford W Justin

Licensed Embalmer No. 32

P. O. Address Tina, M

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