FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40628

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1383

1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2. Length of stay in Hospital 2 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan.
c. CITY OR TOWN St Joseph. 0117 Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2019 Agency Road. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First HARRIETTE Middle J. Last HULL.

4. DATE OF DEATH Month 12 Day 27 Year 1956.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 10-15-1899.

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months 2 Days 12. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk

10b. KIND OF BUSINESS OR INDUSTRY mercantile.

11. BIRTHPLACE (City and state or country) Pleasanton, Kansas.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Graas.

14. MOTHER'S MAIDEN NAME Ida Mitchell.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Yes. No, unknown

17. INFORMANT Warren O. Hull, Address 2019 Agency Road St Joseph Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Auricular Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Valvular Heart Disease.
DUE TO (c) Rheumatism.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
affective reaction - manic depressive - depressed type. 4214

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-25-56 to 12-27-56 and last saw her alive on 12-27-1956
Death occurred at 6 15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Doctor Tyre. (Degree or title) M.D.

22b. ADDRESS State Hospital No. 2. St Joseph Mo

22c. DATE SIGNED 12-27-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12-28-56

23c. NAME OF CEMETERY OR CREMATORY Rosebank Cemetery

23d. LOCATION (City, town, or county) Mulberry (State) Kansas

24. FUNERAL DIRECTOR Stamey Funeral Home

ADDRESS St Joseph, Mo

25. DATE RECD. BY LOCAL REG. Jan 2, 1957.

26. REGISTRAR'S SIGNATURE Kathryn M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.