

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

STATE FILE NUMBER **2489**

Registration District No. **316** Primary Registration District No. **3061** Registrar's No. **34**

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1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cunningham Nurse Home			Length of stay in 1b 8 Mo		d. STREET ADDRESS (If outside, give location) Elvins Rt. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Lytle Last Hulsey				4. DATE OF DEATH Month Jan. Day 27 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Mar. 13 - 1886		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturing	10b. KIND OF BUSINESS OR INDUSTRY Steel Company		11. BIRTHPLACE (City and state or country) Washington, County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Vol Hulsey				14. MOTHER'S MAIDEN NAME Eva Rose			
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. 489-18-7849		17. INFORMANT Address Lytel Hulsey, Elvins Rt. 1, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) arteriosclerosis general - heart enlarged						INTERVAL BETWEEN ONSET AND DEATH 2 d	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 491X				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-30-57 to 1-21-57 and last saw him alive on 1-26-57 Death occurred at 1:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. O. Backe M.D. (Name or title)				22b. ADDRESS Desloge Mo		22c. DATE SIGNED 1-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/30/1957	23c. NAME OF CEMETERY OR CREMATORY K. P. Cemetery		23d. LOCATION (City, town, or county) St. Francois, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Boyer & Son Desloge, Mo				25. DATE RECD. BY LOCAL REG. Jan. 28, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUL 23 1958

MAR 29 1957

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 *J. T. Loyer*

Licensed Embalmer No. *36*

P. O. Address *Stuyvesant*

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.