

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4330

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield 0386		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 810 N. Campbell Ave.				Length of stay in 1b 20 years		d. STREET ADDRESS (If outside, give location) 810 N. Campbell Ave.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH February 11, 1957					
3. NAME OF DECEASED (Type or print) First LULA Middle FRANKLIN Last HULSEY							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 6, 1884	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Colesburg, Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME (Unknown)			
14. MOTHER'S MAIDEN NAME (Unknown)				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			
16. SOCIAL SECURITY NO. ----				17. INFORMANT 810 N. Campbell Avenue, Springfield, Missouri.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis, Coronary DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH hours: 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)				
20c. TIME OF INJURY Hour Month, Day, Year 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 Jan 1957 to Feb. 11, 1957 and last saw her alive on 2-5-57 Death occurred at 3:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) J. Newton Walker M.D.				21b. ADDRESS Springfield Mo		21c. DATE SIGNED 2-13-57	
23a. BURIAL, CREMATION, EMBALM (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATOR		23d. LOCATION (City, town, or county) (State)	
Burial		2-13-57		Eastlawn		Springfield, Mo.	
24. FUNERAL DIRECTOR Calph Lueme ADDRESS 1200 Boonville Ave., Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 2-14-57		26. REGISTRAR'S SIGNATURE (J. Newton Walker)	

(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. The symptoms which caused the disease must be stated. Coroner cannot certify to a death due to natural causes.

Health, Welfare, Public Service

300-56

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.....
Lee Mason

Licensed Embalmer No. 4568
Springfield,
Missouri.
P. O. Address.....

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.