

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42123

FILED NOV 27 1957

STATE FILE NUMBER

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 9959

9959

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

|   |                        |   |   |
|---|------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |                        | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN St. Louis   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Mo. Pac. Hosp.   |                        | Length of stay in 1b<br>27 Yrs.   | d. STREET ADDRESS (If outside, give location)<br>3931 Flad  |
| 3. NAME OF DECEASED (Type or print)<br>First ELMER Middle NOCKER Last HULSEY  |                        | 4. DATE OF DEATH<br>Month Day Year Oct 22 1957  |   |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-8-1884  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Car Inspector  |                        | 10b. KIND OF BUSINESS OR INDUSTRY Retired   | 11. BIRTHPLACE (City and state or country) Washington Co. Mo.                                     |
| 13a. FATHER'S NAME Harrison Hulsey  |                        | 13b. MOTHER'S MAIDEN NAME Caroline Girardear  | 14. NAME OF HUSBAND OR WIFE Anna Hulsey   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br>No   |                        | 17. INFORMANT Address Anna Hulsey, 3931 Flad  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Left Cerebral Thrombosis<br>DUE TO (b) Essential Hypertension<br>DUE TO (c) 332x<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                        |   | INTERVAL BETWEEN ONSET AND DEATH<br>30 days<br>10 yrs   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Arterio sclerosis, genl.   |                        |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m. p.m.   |                        |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 10/17/57 to 10/22/57 and last saw her alive on 10/22/57<br>Death occurred at 6 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.   |                        |   |   |
| 22a. SIGNATURE (Degree or title) Claud Hasto MD   |                        | 22b. ADDRESS Mo Pacific Exp Hosp  | 22c. DATE SIGNED 10/23/57   |
| 23a. BURIAL (CREMATION, REMOVAL (Specify)) Removal  | 23b. DATE 10-25-1957   | 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery  | 23d. LOCATION (City, town, or county) (State) Grubville, Missouri                                 |
| 24. FUNERAL DIRECTOR ADDRESS McLaughlin's, 2301 Lafayette   |                        | 25. DATE RECD. BY LOCAL REG. OCT 24 '57   | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD  |

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 *A. G. Farris* .....

Licensed Embalmer No. *3384* .....

P. O. Address *St. Louis* .....

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.