

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010382
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 137

300
-57
E

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Bourbon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Joplin</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Fort Scott</i> 8154 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>905 1/2 Main</i>		Length of stay in 1b <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>Unknown</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>John H. Hull</i>			4. DATE OF DEATH Month Day Year <i>3-13-1958</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-18-99</i>
9. AGE (In years last birthday) <i>59</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Worker</i>	11. BIRTHPLACE (City and state or country) <i>OKLAHOMA</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>RAILROAD</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>John Henry Hull</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Williams</i>	14. NAME OF HUSBAND OR WIFE <i>Dollie Hunt</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>702-07-4824</i>	17. INFORMANT Address <i>Dollie Hunt Fort Scott, Kans</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon monoxide asphyxiation</i>			INTERVAL BETWEEN ONSET AND DEATH <i>unknown less than 12 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>8926 46</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Blood level fatal carbon monoxide level</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Heater in room was going at high temperature</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>5-2-58</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>905 1/2 Main St Joplin (Willard Hotel)</i>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Joplin Mo 122 no</i>		
21. I attended the deceased from _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Weeberman M.D. 3</i>		22b. ADDRESS <i>Joplin Mo</i>	
22c. DATE SIGNED <i>3/19/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>3-13-58</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>Fort Scott Kansas</i>
24. FUNERAL DIRECTOR ADDRESS <i>Paul A. Shanklin Joplin Mo</i>		25. DATE RECD. BY LOCAL REG. <i>3-19-1958</i>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 4 1958

MAR 28 1958

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 [Signature]

Licensed Embalmer No. 4770
P. O. Address Joplin Mo

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.