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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030079
STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pendleton Twsp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farmington R.R.1 — Length of stay in 1b: 3 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Francois
c. CITY OR TOWN Farmington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 941 Boyce St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle A Last HULSEY

4. DATE OF DEATH Month Sugust Day 14 Year 1958

5. SEX Male **6. COLOR OR RACE** White **7.** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH March 15.1874

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Sullivan, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Hulsey
13b. MOTHER'S MAIDEN NAME Emma Jane Blanton
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 488-09-4168
17. INFORMANT Lillie Raby, Address Farmington, Mo. R.R. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adeno-Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: ? one year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 177 X
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 ☐ 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 Jan 1957, to July 30 1958 and last saw him alive on July 30 1958
Death occurred at 11:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Huckstep (Degree or title) M.D.
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 8/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8/17/58
23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery
23d. LOCATION (City, town, or county) St Francois County, (State) Missouri

24. FUNERAL DIRECTOR Miller Funeral Home, **ADDRESS** Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Aug. 16, 1958
26. REGISTRAR'S SIGNATURE Esther Rudloff

(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 causally related.

AUG 3 3 1960

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 ..... Paul K Dugal .....

Licensed Embalmer No. 4120

P. O. Address Farmington 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.