

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013356

STATE FILE NUMBER 1826

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. Length of stay in lb 10 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1015 E. Armour Blvd Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Wilson Middle E. Last Hull  
4. DATE OF DEATH Month 4 Day 11 Year 59  
5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH 4/24/1896 9. AGE (In years last birthday) 62 10. FUNDER 1 YEAR Months Days 11. IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Atlas Gear Parts Co 11. BIRTHPLACE (City and state or country) Weston, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.  
13a. FATHER'S NAME E. W. Hull 13b. MOTHER'S MAIDEN NAME Elvira Layton 14. NAME OF HUSBAND OR WIFE Leta S. Hull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) W.W.I 16. SOCIAL SECURITY NO. 487-03-8019 17. INFORMANT Leta Hull Address 1015 E. Armour Blvd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 hours  
DUE TO (b) Cardiac Failure (decompensation) 4200H 3 days.  
DUE TO (c) Arterio sclerotic Heart Disease. 6 mo.  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastasis to Lungs - from Carcinoma Left Kidney 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 Month, Day, Year a.m. p.m.  
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 Oct - 1957 to 4-11-59 and last saw <sup>her</sup> <sub>him</sub> alive on 4-11-59  
Death occurred at 10:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James D. Dunleavy MD 22b. ADDRESS 314 Withman Bldg KCMO 22c. DATE SIGNED 4-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/11/59 23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery Weston Mo 23d. LOCATION (City, town, or county) (State) Weston Mo  
24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston Mo 25. DATE RECD. BY LOCAL REG. 4-11-59 26. REGISTRAR'S SIGNATURE neva marshall

James D. Dunleavy USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 30 1959

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 *Richard E. Carroll* .....

Licensed Embalmer No. *4829* .....

P. O. Address *H.C. No.* .....

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.

