

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017771

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002

STATE FILE NO. 2379
Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3920 E. 60th Terr.		d. STREET ADDRESS 3920 (If outside, give location) 3902 E. 60th Terrace	
3. NAME OF DECEASED (Type or print) First DONALD Middle RAY Last HULL		4. DATE OF DEATH Month May Day 13 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-10-37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Filler		10b. KIND OF BUSINESS OR INDUSTRY Drug Co.	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
13a. FATHER'S NAME LeRoy N. Hull		13b. MOTHER'S MAIDEN NAME Evelyn Robinson	14. NAME OF HUSBAND OR WIFE Margaret Hull
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-38-4703	17. INFORMANT Address Mrs. Margaret Hull, 3920 E. 60th Terrace
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound, head			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. 5-1354 p.m.		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Residence	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Kansas City	
20g. COUNTY Jackson		20h. STATE MO	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens		22b. ADDRESS Corner 1034 Bialto Bldg	
22c. DATE SIGNED 5-13-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-15-59	23c. NAME OF CEMETERY OR CREMATORY Abolal Hills	23d. LOCATION (City, town, or county) (State) K. C. Mo
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 5-13-59	26. REGISTRAR'S SIGNATURE Irene Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Hugh H. Owens

All diseases in Part I must be causally related.

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 *E. L. Gibson*

Licensed Embalmer No. *4137*
Ex. cadaver Spys 7/18

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.