URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 13 1959

59-036690
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY JEFF.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS RURAL (JOACHIM)
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. CO. MEMORIAL HOSP.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JEFF.
c. CITY OR TOWN DeSOTO
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 508 BOYD
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FANNY Middle HAMMOND Last HULSEY
4. DATE OF DEATH Month November Day 6 Year 1959
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH MAR. 3 1869
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) RICHWOODS Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOSEPH WILKINSON
13b. MOTHER'S MAIDEN NAME ANN ELIZABETH MARTIN
14. NAME OF HUSBAND OR WIFE WM LAWRENCE HULSEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT HARRY G. HULSEY Address

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) Pneumonia, lrt, left — INTERVAL BETWEEN ONSET AND DEATH 1 week
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)
Old CVA, Hx of prostatic enlargement, senility.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
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.) Fell at home
20c. TIME OF INJURY Hour 5:30 a.m. Month, Day, Year Oct 29 1959
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.) Home
20f. CITY, TOWN, OR LOCATION De Soto COUNTY Jefferson STATE Mo
21. I attended the deceased from 10/29/59, to 11/6/59 and last saw her alive on 11/6/59
Death occurred at 12:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J L Mayfield (Degree or title) M.D.
22b. ADDRESS Crystal City, Mo
22c. DATE SIGNED 11/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Nov. 8 1959
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW
23d. LOCATION (City, town, or county) GRUBVILLE (State) Mo
24. FUNERAL DIRECTOR R. B. DIETRICH ADDRESS DeSoto Mo
25. DATE RECD. BY LOCAL REG. 11-7-59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 [illegible], Student Embalmer No. [illegible] working under my personal supervision.

Student [illegible]
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4104

P. O. Address [illegible] Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.