

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037334

FILED VS OCT 20 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 392

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois	b. CITY (If outside corporate limits, give TOWNSHIP only) Flat River	a. STATE Mo.	b. COUNTY St. Francois
Length of stay in 1b 2 months		c. CITY OR TOWN Leadwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cunningham Rest Home		d. STREET ADDRESS 1005 West St	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Caroline	Middle Josephine	Last Hulsey	Month Oct	Day 13	Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-19-1875	9. AGE (last birthday) 84 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state of country) Celt, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Richard Doyle	13b. MOTHER'S MAIDEN NAME Sarah Clemons	14. NAME OF HUSBAND OR WIFE Arthur Leslie Hulsey
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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. —	17. INFORMANT Address Elsie Penberthy, Leadwood, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Insufficiency	DUE TO (b) Arterio Sclerosis	2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) —	—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sterility	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Aug 16/59 to Oct 13/59 and last saw her alive on Oct 13 1959 Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Zupan D.O.	(Degree or title)	22b. ADDRESS Flat River, Mo	22c. DATE SIGNED 10/13/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/16/59	23c. NAME OF CEMETERY OR CREMATORY Leadwood	23d. LOCATION (City, town, or county) Leadwood, Mo.
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24. FUNERAL DIRECTOR Bert L. Boyer, Leadwood, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 15, 1959	26. REGISTRAR'S SIGNATURE Ethel Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert L. Boyer
Licensed Embalmer No. 3441
P. O. Address Leadwood 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.