URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 043209
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 380

ENDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gr.m-Smith
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Macon
c. CITY OR TOWN La Plata
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Alfred
Middle:
Last: Hulse

4. DATE OF DEATH Month: Dec Day: 8 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov 2 1872
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months 1 Days 6
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Retired Merchant
11. BIRTHPLACE (City and state or country): Adair County Missouri U. S. A.
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: John Hulse
13b. MOTHER'S MAIDEN NAME: Cardellia Smith
14. NAME OF HUSBAND OR WIFE: Martha Collins

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: Orland Hulse Address: La Plata Mo

MEDICAL CERTIFICATION

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)	Cerebrovascular Accident	14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cardiovascular Disease	Unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)
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 11-24-59, to 12-8-59 and last saw him alive on 12-8-59
Death occurred at 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward M. Grim, M.D.
22b. ADDRESS: 112 E. Patterson Ave. Kirksville, Mo.
22c. DATE SIGNED: 12/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 10 1959
23c. NAME OF CEMETERY OR CREMATORY: Union Temple
23d. LOCATION (City, town, or county) (State): Adair Co Mo

24. FUNERAL DIRECTOR: W. H. McCallum
ADDRESS: South Gifford Mo
25. DATE RECD. BY LOCAL REG.: 12-12-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

EDWARD M. GRIM, M.D.

US DEC 22 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. H. McCollum

Signature of Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

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