

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027926

FILED VS AUG 4 1960

Registration District No. **292** Primary Registration District No. **4436** Registrar's No. _____

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London		c. CITY OR TOWN New London	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Residence	

3. NAME OF DECEASED (Type or print) First LEWIS Middle HUNTER Last HULSE			4. DATE OF DEATH Month July Day 21 Year 1960			
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 Aug. 24, 1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hulse Feed Store		11. BIRTHPLACE (City and state or country) Center Missouri		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Marshall Hulse		13b. MOTHER'S MAIDEN NAME Barbara Smith		14. NAME OF HUSBAND OR WIFE Frances MaAfee Hulse		
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 Mrs. Hunter Hulse New London Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis Chronic			
DUE TO (c) Un known			

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. <input type="checkbox"/> Yes <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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
21. I attended the deceased from July 6 '58 to July 21 '60 and last saw ^{her} him alive on July 20 '60 Death occurred at 8:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) C. H. Brooks P.O.	22b. ADDRESS Center Mo	22c. DATE SIGNED 7-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-1960	23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery,	23d. LOCATION (City, town, or county) (State) New London, Missouri,
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24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri	25. DATE RECD. BY LOCAL REG. July 23, 1960	26. REGISTRAR'S SIGNATURE Clyde C. Mearns
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 2 1960

SEP 9 1960

SEP 7 1960

JAN 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Crawford
Licensed Embalmer No. 7814

P. O. Address Hannibal Miss

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.