URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037610

FILED VS OCT 24 1960

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 561

NDED

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Length of stay in 1b 70 Y rs.

c. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At H ome — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 721 Lester St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Hulsebus Last

4. DATE OF DEATH Month Oct. Day 5, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/27/1867

9. AGE (last birthday) 92

IF UNDER 1 YEAR Months 11 Days 8

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Piedmont, Mo.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Deceased

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.

17. INFORMANT Angeline Wilson, Address St. Louis, Mo.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

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 Oct 3 1961, to Oct 5 1960 and last saw her him alive on Oct 4 1960

Death occurred at 9 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M D

22b. ADDRESS Poplar Bluff Mo

22c. DATE SIGNED 10 11 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/7/1960

23c. NAME OF CEMETERY OR CREMATORY Alexander

23d. LOCATION (City, town, or county) (State) Williamsville, Missouri.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG. 10/15/60

26. REGISTRAR'S SIGNATURE [signature]

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edgar W. Laffoo

Licensed Embalmer No. 3394

P. O. Address Poplar 12

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