RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12637 -60-047594 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY St. Louis City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b since 6-21-60
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis State Hospital — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Joe Middle Lewis Last Hulsey

4. DATE OF DEATH Month December Day 31, Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-8-37

9. AGE (last birthday) 23 — 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) Farm work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Labadie, Missouri

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

13a. FATHER'S NAME Jess Hulsey

13b. MOTHER'S MAIDEN NAME Zemper

14. NAME OF HUSBAND OR WIFE None

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 State Hospital Records — Address 5400 Arsenal St.

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) Cardiac arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coarctation of the aorta - congenital - post-operative.
DUE TO (c) 754.6
INTERVAL BETWEEN ONSET AND DEATH

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

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 6-21-60, to 12-31-60 and last saw her/him alive on 12-31-60
Death occurred at 12:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas Thale Thomas Thale, M.D.

22b. ADDRESS 5400 Arsenal St., St.Louis,Mo.

22c. DATE SIGNED 12-31-60

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

23b. DATE 3 Jan 61

23c. NAME OF CEMETERY OR CREMATORY Mt. Calvery

23d. LOCATION (City, town, or county) (State) Villa Ridge Mo

24. FUNERAL DIRECTOR Lemley E Mayer — ADDRESS Union Mo

25. DATE RECD. BY LOCAL REG. JAN 3 1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4635

P. O. Address Union, S

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