

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019723

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 201 Primary Registration District No. \_\_\_\_\_ Registrar's No. 160

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elmo</b>		Length of stay in 1b <b>12 yrs</b>	c. CITY OR TOWN <b>Elmo</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>none</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>George Parker Hull</b>			4. DATE OF DEATH Month Day Year <b>June 4, 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/13/1871</b>
9. AGE (last birthday) <b>90</b>		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) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Elmo (Rural) Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>US</b>			
13a. FATHER'S NAME <b>Eleazar Hull</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Parker</b>	
14. NAME OF HUSBAND OR WIFE <b>Martha E Bain</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Lee McCumber Elmo Mo</b>
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) <b>Pulmonary edema.</b>			<b>3 days</b>
DUE TO (b) <b>Arteriosclerotic &amp; Hypertensive Heart Dis.</b>			<b>Sev. years.</b>
DUE TO (c) <b>Generalized arteriosclerosis.</b>			<b>Sev. years.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>Uremia due to prostatic hypertrophic, benign, with obstruction. Cerebral thrombosis April 1961.</b>			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
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 checked="" 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 <b>April 8, 1961</b> to <b>June 4, 1962</b> and last saw <sup>her</sup> <del>him</del> alive on <b>June 4, 1962</b> . Death occurred at <b>7:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Maxine Ford</i> (Deceased if title)		22b. ADDRESS <b>Elmo, Missouri.</b>	22c. DATE SIGNED <b>Jun. 5, 62.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/6/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmo Cemetery</b>
23d. LOCATION (City, town, or county) <b>Elmo Missouri</b>		(State)	
24. FUNERAL DIRECTOR <i>W. H. Bass</i> ADDRESS <b>Burlington Jct Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-62</b>	26. REGISTRAR'S SIGNATURE <i>Bess Bolt</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
0740  
20740-  
3  
4 0  
5 2  
6  
7 0  
8 0  
9/200  
10  
11  
1290-2  
13 1-0

**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 *John*

Licensed Embalmer No. 2965

P. O. Address *Beul, John*

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.