

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5511 Registrar's No. 42-67

STATE FILE NUMBER 0001348

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fields Creek Twsp</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Hickory</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>3 mi. W. of Clinton</u>		c. CITY OR TOWN <u>Quincy</u>	d. STREET ADDRESS (If outside, give location) <u>Quincy</u>
3. NAME OF DECEASED (Type or print) <u>TRUMAN WILLIAM DULL</u>		4. DATE OF DEATH <u>February 2, 1967</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 21, 05 61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>St Clair Co. Mo.</u>	
13a. FATHER'S NAME <u>Isaac Dull</u>		14. NAME OF HUSBAND OR WIFE <u>Ulayla Dull</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-42-9635</u>	
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) <u>Crush Injury left Chest</u>		<u>Immediate</u>	
DUE TO (b) <u>Probable Skull Fracture</u>		<u>"</u>	
DUE TO (c) <u>Fracture left femur</u>		<u>"</u>	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto Accident</u>	
20c. TIME OF INJURY <u>4:10 p.m.</u>	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.) <u>Highway 7-Mo</u>	20f. CITY, TOWN, OR LOCATION <u>3 mi West Clinton</u>
21. I attended the deceased from <u>unattended</u> to <u>4:10 P.m.</u> and last saw her alive on <u>Feb 3, 1967</u>		22. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title) <u>Coroner</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 4, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King's Prairie</u>	23d. LOCATION (City, town, or county) (State) <u>St. Clair County, Mo.</u>
24. FUNERAL DIRECTOR <u>Hathaway Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 3, 67</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 1967

JAN 22 1968

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

Eugene R. Consolman

Licensed Embalmer No.

4680

P. O. Address

Clinton, Mo.

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.

Permit Obtained 2-3-67 (M.B.)