

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12712

State File No. 5507

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 95

0422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY		
b. CITY OR TOWN DAVIS TWP.		c. LENGTH OF STAY (In this place township) 67 YRS	c. CITY OR TOWN DAVIS TOWNSHIP		d. STREET ADDRESS (If rural, give location) CLINTON R.H.S. 04222
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON R.H.S.					
3. NAME OF DECEASED (Type or Print) GARY MILLARD HULL			4. DATE OF DEATH (Month) (Day) (Year) APRIL 12, 1952		
5. SEX 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 15, 1885		9. AGE (In years last birthday) Months Days 67 1 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) HENRY COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MILLARD HULL		13b. MOTHER'S MAIDEN NAME IDA THANE STOCK	14. NAME OF HUSBAND OR WIFE STELLA HENRY HULL		
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Hull, Clinton Mo. R.H.S.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Atherosclerosis DUE TO (b) — DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dead on Arrival , that I last saw the deceased alive on _____, 19____, and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Robert H. Hance		23b. ADDRESS Clinton	23c. DATE SIGNED 4-14-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 15, 52	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM.	24d. LOCATION (City, town, or county) (State) Clinton, Mo.	
DATE REC'D BY LOCAL REG. April 14-52		REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. A. Hansant		

SEP 23 1952

NOV 17 1952

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
Student Embalmer

Signed N. A. Tausant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.