

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25914**
Registrar's No. **457**

FILED AUG 22 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

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 Missouri b. COUNTY Henry					
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural Davis Twp.		d. STREET ADDRESS (If rural, give location) Clinton Mo. R.R. 5			
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital				4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1955					
3. NAME OF DECEASED (Type or Print) a. (First) Melvin		b. (Middle) Adam		c. (Last) Hull		5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 9, 1897		9. AGE (to year last birthday) Months Days 57 9 4			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clinton Mo. R.R. 5		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jerry Melvin Hull		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Woodson		14. NAME OF HUSBAND OR WIFE Demothy Hill					
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. 487-12-2430		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Demothy Hill Clinton Mo. R.R. 5					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive myocardial disease				DUE TO (b) Arteriosclerosis & Nephritis				2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) 443X				1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 May 2, 1953 , to Aug 13, 1955 , that I last saw the deceased alive on Aug 13, 1955 , and that death occurred at 4:15 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James O. Smith M.D.				23b. ADDRESS 106 S. Third Clinton, Mo.		23c. DATE SIGNED 8/15/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Stones Chapel		24d. LOCATION (City, town, or county) (State) Henry Co. Mo.			
DATE REC'D BY LOCAL REG. 8-15-55		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Vernant Funeral Home Clinton Mo		ADDRESS Clinton Mo			

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Md

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.