

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 2

STATE FILE NUMBER 0002566

VS 300
Rev. 4/59

1 0681

2 0681

3

4 0

5 1

6

7 0

8 2

9 1/20

10

11

12 9-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED 19 65

1. PLACE OF DEATH

a. COUNTY

MONITEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CALIFORNIA

Length of stay in 1b

41 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RESIDENCE

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY MONITEAU

c. CITY
OR TOWN

CALIFORNIA

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EDGAR

Middle

GRIFFIN

Last

HULL

4. DATE
OF DEATH

Month

Day

Year

JANUARY 15 1965

5. SEX

MALE

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-12-1893

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DENTIST

10b. KIND OF BUSINESS OR INDUSTRY

DENTIST

11. BIRTHPLACE (City and state or country)

HOPKINS, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HERMAN W. HULL

13b. MOTHER'S MAIDEN NAME

STELLA GRIFFIN

14. NAME OF HUSBAND OR WIFE

LOIS PERIN HULL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W.I.

16. SOCIAL SECURITY NO.

499-42-3602

17. INFORMANT

Lois Hull

Address

California, Mo

18. CAUSE OF DEATH (Enter significant cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

1 month

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

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.

☐ Yes ☐ No ☐ Unknown19. 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 Dec 16, 1964 to Jan 15, 1965 and last saw her alive on Jan 14, 1965 -
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kernan Latham M.D.

22b. ADDRESS

California, Mo.

22c. DATE SIGNED

1-16-65

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

1-17-65

23c. NAME OF CEMETERY OR CREMATORY

MASONIC CEMETERY

23d. LOCATION (City, town, or county)

CALIFORNIA, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hugh E. Williams California, Mo.

25. DATE RECD. BY LOCAL REG.

1-18-65

26. REGISTRAR'S SIGNATURE

Helen R. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

0005200

PAID 1.00
JAN 21 1965

JAN 26 1965

JAN 21 1965

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 ROSS HITCHCOCK, Student Embalmer No. 755
working under my personal supervision.

Student Ross Hitchcock
Signature of Student Embalmer

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.