

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21269**

FILED JUN 23 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5032</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington 0941</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Dale</b> c. (Last) <b>Hull</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-25-1951</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <b>8</b>		8. DATE OF BIRTH <b>8-8-1947</b>			
9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>me</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>club</b>		11. BIRTHPLACE (State or foreign country) <b>Farmington MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Walter Franklin Hull</b>			13b. MOTHER'S MAIDEN NAME <b>Opal Chapman</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Walter Hull</b> ADDRESS <b>Farmington MO</b>					
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, ashenia, 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) _____				ANTECEDENT CAUSES					
DUE TO (b) <b>Broncho Pneumonia</b>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) <b>Nephrosis</b>				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 checked="" 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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>491K</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>800 P.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Cathel E. Taylor Cooper</b> (Degree or title) _____				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-31-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>5-31-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pendleton Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farmington MO</b>			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <b>J B Lester</b> <b>MAY 31 1951</b>				25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <b>Rowland Mortuary Service Inc.</b>					

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

---

---

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.