

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8183**

035g

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		a. STATE <u>Mo</u>		COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (In this place) <u>27 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>308 King St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Jim</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Bulla</u>	1. (Month) <u>March</u>	2. (Day) <u>17</u>	3. (Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 6 - 1881</u>		9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Isaac Bulla</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Bulla</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Bulla</u>		ADDRESS <u>Kennett, Mo</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Agotemia</u>						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) <u>Chronic nephritis and acute</u>						
	DUE TO (c) <u>gall bladder with stone</u>						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Common duct and jaundice</u>						<u>592X</u>
19a. DATE OF OPERATION <u>home</u>	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)	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 <u>3-14</u> , 1950, to <u>3-17</u> , 1950, that I last saw the deceased alive on <u>3-17</u> , 1950, and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul C. Mittenberger M.D.</u>				23b. ADDRESS <u>Kennett, Missouri</u>		23c. DATE SIGNED <u>3/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-20-1950</u>	REGISTRAR'S SIGNATURE <u>Carl H. Hubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leitz Funeral Service</u>		ADDRESS <u>Kennett, Mo.</u>		

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 3-21-50  
COUNTY FILE NUMBER 350-103

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 \_\_\_\_\_

*Edgar Lee Jarvis*

Student Embalmer \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kennett 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.