5. No. 300
. 10.48

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17563

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 90

0800

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla, Missouri
c. LENGTH OF STAY (in this place): Life Time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 100 East 3rd. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla 0800
d. STREET ADDRESS (If rural, give location): 100 East 3rd. Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clark
b. (Middle):
c. (Last): BULLOCK

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1951

5. SEX: Male 2

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 11, 1886

9. AGE (In years last birthday): 64
If under 1 year: Months 6 Days 14
If under 24 hrs.: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rolla, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Dan Bullock

13b. MOTHER'S MAIDEN NAME: Levenia Jones

14. NAME OF HUSBAND OR WIFE: Dolly Elizabeth BULLOCK

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

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Dolly Elizabeth Bullock
ADDRESS: 100 E. 3rd St. Rolla, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, general — unknown
DUE TO (c) Degenerative Vessel Changes — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Possible Cancer of Stomach — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4201 H

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 24 May, 1951, *to* 25 May, 1951, *that I last saw the deceased alive on* 24 May, 1951, *and that death occurred at* 4:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Guy V. Everist M.D.

23b. ADDRESS: Rolla, Mo

23c. DATE SIGNED: 26 May 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 28, 1951

24c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery

24d. LOCATION (City, town, or county) (State): Rolla, Missouri

DATE REC'D BY LOCAL REG.: May 28, 1951

REGISTRAR'S SIGNATURE: Nadine L. Stoll

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]

ADDRESS: 1100 Elm Street Rolla, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Jerry D. Doane, working under my personal supervision.

Student Embalmer No. 382

Signed Jerry D. Doane
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3643

P. O. Address P.O. 465 Rolla, Missou

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.