

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21103**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 214

741

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u> <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>25 E. JOHNSON ST.</u>		d. STREET ADDRESS (If rural, give location) <u>25 E. JOHNSON ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>BULLOCK</u> c. (Last) <u>BULLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>DEC. 8 1855</u>		9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR: Months <u>6</u> Days <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>GEORGIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>COMMODORE STUBBLEFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES CALVIN BULLOCK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES R. BULLOCK BONNETERRE MO.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture of femur (intracab.)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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"/>	
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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 June 8, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Evans M.D.</u>		23b. ADDRESS <u>Bonne Terre Mo.</u>		23c. DATE SIGNED <u>6-25-1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>POPLAR BLUFF</u>	
				24d. LOCATION (City, town, or county) (State) <u>POPLAR BLUFF MO.</u>	

DATE REC'D BY LOCAL REG. <u>JUNE 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Denham &amp; Co. Bonne Terre Mo.</u>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL - 2 1951

RECEIVED

**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

*Clarence J. Hayward*

Licensed Embalmer No.

*3706*

P. O. Address

*Conrad Street 160*

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.