

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **198**

FILED JAN 24 1952

|  |                                  |   |  |  |   |  |  |
|--|----------------------------------|---|--|--|---|--|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <b>34</b>  |  | PRIMARY REG. DIST. NO. <b>5117</b>   |   | Registrar's No. <b>1</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Boone</b>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Purat Cedar</b>   |                                  | c. LENGTH OF STAY (in this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Purat Cedar 8100</b>                                  |   | d. STREET ADDRESS (If rural, give location)<br><b>Ashland P.F.D. # 2</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Ashland P.F.D. # 2</b>   |                                  |   |  |  |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) <b>James</b><br>(Type or Print)  |                                  |   | b. (Middle) <b>William</b>                     |  | c. (Last) <b>Bullard</b>                              |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Jan 12 1952</b> |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 8. DATE OF BIRTH<br><b>March 15 1874</b>   | 9. AGE (In years last birthday)<br><b>77</b>          | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>29</b>                        | IF UNDER 15 Hrs.<br>Hours <b>1</b> Min.                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                            |  |
| 13a. FATHER'S NAME<br><b>Ed Bullard</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary White</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Para P. Bullard</b> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>7220</b>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b><br><b>Rheumatism</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2-51-1-52</b>                     |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |   | 20. AUTOPSY?<br>YES <input 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)  |                                  | 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 <b>2</b> , 19 <b>51</b> , to <b>12</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-12</b> , 19 <b>52</b> , and that death occurred at _____ m., from the causes and on the date stated above. |                                  |   |  |  |   |  |  |
| 23a. SIGNATURE<br><b>C. P. Megee, M.D.</b>   |                                  |   |  | 23b. ADDRESS<br><b>Hartsburg</b>   |   | 23c. DATE SIGNED<br><b>1-13-52</b>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>Jan 14 1952</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>New Salem Cemt</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Ashland Mo.</b>      |  |
| DATE REC'D BY LOCAL REG.<br><b>Jan 14/52</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Mrs Mildred Burnett</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. C. Burnett</b>   |   | ADDRESS<br><b>Ashland Mo.</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0100  
1

RECEIVED JAN 23 1952

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed JAN 23 1952

REC 19 1952

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 *W. C. Burnett* .....

Licensed Embalmer No. *2564* .....

P. O. Address *Ashtland 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.