

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **230**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **46**

1. PLACE OF DEATH
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph** **1117**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1003 Lincoln St**

d. STREET ADDRESS (If rural, give location) **1003 Lincoln St.** **0**

3. NAME OF DECEASED (Type or Print)
a. (First) **Paul** b. (Middle) **Taubert** c. (Last) **Bullock**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 8, 1952

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
April 22, 1884

9. AGE (In years last birthday) **67**
IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
real estate dealer

10b. KIND OF BUSINESS OR INDUSTRY
real estate

11. BIRTHPLACE (State or foreign country)
Shelby, Illinois

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Calvin L. Bullock

13b. MOTHER'S MAIDEN NAME
Mary Hayes

14. NAME OF HUSBAND OR WIFE
Mabel Bullock

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

16. SOCIAL SECURITY NO.
unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Mabel Bullock, 1003 Lincoln, St. Joseph, Mo

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion (POSSIBLE PULMONARY EMBOLUS)**
ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerosis**
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS **ARTHRITIS - POSSIBLE PHLEBOTROMBOSIS**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
30 MIN
UNK
4 ER
1 WEEK

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

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)

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 **1-8, 1952**, to **1-8, 1952**, that I last saw the deceased alive on **1-8, 1952**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl C. Casper** (Degree or title) **MD**

23b. ADDRESS **317 Kirkpatrick Bldg**

23c. DATE SIGNED **1-9-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **1/9/1952**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
Norton Kansas

DATE REC'D BY LOCAL REG. **Jan 17, 1952**

REGISTRAR'S SIGNATURE **Carl C. Casper**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Heaton-Bowman Funeral Home St Joseph, Mo

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

0117

FILED JAN 21 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 _____

working under my personal supervision.

Student Embalmer No.

Signed William Spalding

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, 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.