

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12137**

FILED MAY 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>194</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>55 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		d. STREET ADDRESS (If rural, give location) <b>310 North 6th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>April 12, 1952</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIS</b>		b. (Middle) <b>BULLINER</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>April 12, 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>4 Dec 1874</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>C</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Presbyterian Ch.</b>		11. BIRTHPLACE (State or foreign country) <b>Ironton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Sidney Bulliner</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe Cardwell</b>		14. NAME OF HUSBAND OR WIFE <b>Addie, deceased 1950</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louis Bulliner Poplar Bluff, Mo.</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medical Certification</b> <b>Cardiac degeneration</b> ANTECEDENT CAUSES <b>Mitral Stenosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>410X</b>				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) m.		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>6 June, 1951</u> , to <u>12 April, 1952</u> , that I last saw the deceased alive on <u>12 April, 1952</u> , and that death occurred at <u>L.P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Johnson M.D.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>15 Apr 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-21-52</b>		REGISTRAR'S SIGNATURE <b>Wm H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FRANK-COTRELL</b>		ADDRESS <b>POPLAR BLUFF, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

April 30

RECEIVED  
MAY 5 1952

BUTLER CO. HEALTH CENTER

FILE No. 552-279

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 Everett D. Green

Licensed Embalmer No. 2964

P. O. Address 1014 W. 1st St.

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.