

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11985

FILED MAY 6 1954

State File No.

1765

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u>)		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>14 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>609 WEST 17th STREET 3298</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL # 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILDRED</u>	b. (Middle) <u>MARCELLA</u>	c. (Last) <u>BULLOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 7, 1915</u>	9. AGE (In years last birthday) <u>39</u>	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. IF UNDER 4 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LEXINGTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>BEN READE</u>	13b. MOTHER'S MAIDEN NAME <u>LENA DIERKING</u>	14. NAME OF HUSBAND OR WIFE <u>CLARENCE BULLOCK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARENCE BULLOCK 609 West 17th.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Hydro Ureter and Hydro Nephrosis with Unemia (Clinical)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Cervix</u> 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 checked="" type="checkbox"/> NO <input 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)	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 3-6, 1954, to 4-18, 1954, that I last saw the deceased alive on 4-18, 1954, and that death occurred at 7:20a m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>4-20-1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 20, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-20-54</u>	REGISTRAR'S SIGNATURE <u>Sereldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. Blackman & Son Inc.</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.C. Resine*.....

Licensed Embalmer No. *487*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.