No. 300
10-48

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

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22369

BIRTH NO. 5183 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3004 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson Mo R#3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo
d. STREET ADDRESS (If rural, give location): R # 3

0160

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Bullinger
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 13 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 1 1880
9. AGE (In years last birthday): 74 — UNDER 1 YEAR: Months 3, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Benton Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Peter Bullinger
13b. MOTHER'S MAIDEN NAME: Anna Glassstetter
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Albert Bullinger
ADDRESS: Jackson 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infect. on Bladder & Prostrate — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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 ☐ 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) m.:
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* July 10 1954, *to* July 13 1954, *that I last saw the deceased alive on* July 13, 1954, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. G. Sieber
(Degree or title): M.D.
23b. ADDRESS: Jackson Mo.
23c. DATE SIGNED: July 15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15 1954
24c. NAME OF CEMETERY OR CREMATORY: Russell Heights
24d. LOCATION (City, town, or county) (State): Jackson Mo

DATE REC'D BY LOCAL REG.: July 15-54
REGISTRAR'S SIGNATURE: D. G. Sieber 43
25. FUNERAL DIRECTOR'S SIGNATURE: McCombs & Fell Co
ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

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 B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.