

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27105

State File No.

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BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3333

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 603 Grand Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City, Mo.
c. LENGTH OF STAY (in this place) - 30yrs.

c. CITY OR TOWN Kansas City, Mo.
Residence within limits of city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1

f. STREET ADDRESS (If rural, give location) 603 Grand 3128
ADDRESS 0

3. NAME OF DECEASED
a. (First) Jesse b. (Middle) _____ c. (Last) Bullock

4. DATE OF DEATH (Month) (Day) (Year)
7-14-54

5. SEX 0
MALE

6. COLOR OR RACE
WHITE

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

8. DATE OF BIRTH
April 15, 1895

9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (City and State or Foreign Country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Daniel T. Bullock

13b. MOTHER'S MAIDEN NAME
Georgia Bingham

14. NAME OF HUSBAND OR WIFE
none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Floyd Bullock 603 Grand

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) Heat Stroke + shock.
ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Pending further investigation
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E 9319
40

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)
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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 14, 1954, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 2:20PM from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns, M.D. (Degree or title) 0

23b. ADDRESS

23c. DATE SIGNED
7-14-54

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

24b. DATE
JULY-14-1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
CHILLICOTHE, MISSOURI

DATE REC'D BY LOCAL REG. 7-15-54

REGISTRAR'S SIGNATURE
Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE
D. W. Newmark

ADDRESS
1331 BRUSH CREEK KANSAS CITY MO.

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 *Robert E. Nelson*

Licensed Embalmer No... 48

P. O. Address *R. E. Nelson*

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.