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FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30939

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 366

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 township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>420 N. Willis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Reed</u>	c. (Last) <u>Bulen</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept. 15 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11 1914</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Garage</u>	11. BIRTHPLACE (State or foreign country) <u>Callao, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph H Bulen</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mathine Bulen</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>497-10-0572</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mathine Bulen</u>	ADDRESS <u>Indep. Mo</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 <u>6 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Dis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Aortic Stenosis</u> <u>Due to (b) Congestive Heart Failure</u>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4341</u>

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 Oct 1952 to 9/15 1954, that I last saw the deceased alive on 9/17 1954, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Grabake, M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>9/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>New Cambria Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-18-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 30

STATEMENT BY LICENSED EMBALMER

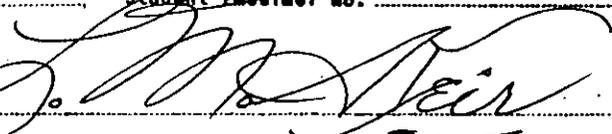
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3156

P. O. Address Independence

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.