

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17313

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1029

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>No rmandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland #23A</u>	
c. LENGTH OF STAY (in this place) <u>10 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2710 Woodson Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteo. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OMA</u> b. (Middle) <u>Ricketts</u> c. (Last) <u>BULLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 4 55</u>		
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>10/19/1879</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-Home</u>		11. BIRTHPLACE (State or foreign country) <u>Eureka, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Brady, Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Ricketts</u>		14. NAME OF HUSBAND OR WIFE <u>Harry J. Bullock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. H. Bullock 2710 Woodson Rd.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio sclerosis</u>		<u>10 yrs</u>		
		DUE TO (c) <u>Diabetes Mellitus</u>		<u>10 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertrophic arthritis</u>		<u>15 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Oct. 1929, to May 4, 1935, that I last saw the deceased alive on May 3, 1955, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>J. Lincoln First</u>		23b. ADDRESS <u>1506 Woodmont</u>		23c. DATE SIGNED <u>5-4-55</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>5-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wakallal Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herbert S. Lombke, M.D. Baumans Bros 2507 Woodson Rd.</u>			
DATE REC'D. BY LOCAL REG. <u>5/6/55</u>		REGISTRAR'S SIGNATURE <u>Herbert S. Lombke</u>		GENERAL DIRECTOR'S SIGNATURE ADDRESS	

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 *David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *Overland 14*

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.