No. 300
10.48

FILED FEB 15 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 39

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
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): 2 miles N on Hgway 'B'

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 808 S Marion

0013/

**3. NAME OF DECEASED** (Type or Print)
a. (First): LEWIS
b. (Middle): HREBERT
c. (Last): BULL

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 7, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 20, 1893
**9. AGE** (In years last birthday): 62
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer and Insurance
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Reynolds, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Arthur Martin Bull
**13b. MOTHER'S MAIDEN NAME**: Bertie America Elliot
**14. NAME OF HUSBAND OR WIFE**: Zelpha Porter Bull

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown)
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 492-28-2074
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs.L. H. Bull,808 S Marion,Kirks

**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) Self inflicted bullet wound in left temple region of head. — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Despondentcy ---- — days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 976x

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Co. Hgy. 'D'(North)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Kirksville Adair Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Feb. 7,1956 11:45a
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [X]
**21f. HOW DID INJURY OCCUR?**: Shot seff in head with 22 cal.rifle

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 11:45a *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Robert B. Davis, (Degree or title) Coroner
**23b. ADDRESS**: Adair County Kirksville, Missouri
**23c. DATE SIGNED**: 2-7-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-9-1956
**24c. NAME OF CEMETERY OR CREMATORY**: La Plata Cemetery
**24d. LOCATION** (City, town, or county) (State): La Plata, Missouri

DATE REC'D BY LOCAL REG.: 2-9-56
REGISTRAR'S SIGNATURE: Nate Lambert
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Davis & Davis, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Hanes

Licensed Embalmer No. 4219

P. O. Address Kirksville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.