

FILED FEB 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. **4654**  
Registrar's No. **556**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>556</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (In this place) <b>5 Days</b>		c. CITY OR TOWN <b>Butler</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Læthern Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2071</b>			
3. NAME OF DECEASED (Type or Print) <b>Beulah</b>			a. (First) <b>V.</b>		b. (Middle) <b>Bulmer</b>		c. (Last) <b>Bulmer</b>
4. DATE OF DEATH <b>Feb. 6, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Sept. 20, 1891</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Walter Hart</b>		13b. MOTHER'S MAIDEN NAME <b>May Hines</b>		14. NAME OF HUSBAND OR WIFE <b>Leslie K. Bulmer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leslie K. Bulmer, Butler Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Left Colon with Intestinal Obstruction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>are</b> DUE TO (c) <b>Coronary Thrombosis.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>44 da 15<sup>h</sup> K 3 da.</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Adeno-Carcinoma Left Colon</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 <u>Jan 21, 1956</u> to <u>Feb 6, 1956</u> , that I last saw the deceased alive on <u>Jan 21, 1956</u> and that death occurred at <u>1:12 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <b>John H. Ogilvie M.D.</b> (Degree or title)			23b. ADDRESS <b>224 Rialto</b>		23c. DATE SIGNED <b>2/6/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-6-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-7-56</b>		REGISTRAR'S SIGNATURE <b>new minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. K.C. Missouri</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
JOHN H. OGILVIE

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 *J. S. Walton*.....

Licensed Embalmer No. *2744*  
P. O. Address *K. C. Md.*

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.