

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6231**
1010
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			e. STREET ADDRESS (If rural, give location) 23 315 Lami		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) R. c. (Last) BULLINGTON			4. DATE OF DEATH (Month) (Day) (Year) January 29, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-14-1880		9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months Days if UNDER 1 Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) / Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Bullington		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Maud L. Bullington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maud L. Bullington, 315 Lami		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Bronchopneumonia Obstruction of ascending colon with necrosis and perforation Diverticulitis of colon Diverticulosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with necrosis and perforation DUE TO (c) Diverticulosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascending colon obstructed			INTERVAL BETWEEN ONSET AND DEATH 2 days 6 days 16 1/2 3 years
19a. DATE OF OPERATION 1-26-56	19b. MAJOR FINDINGS OF OPERATION ascending colon obstructed by omental adhesions - Perforation and gangrenous				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.) 5721		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 1-18 , 19 56 , to 1-29 , 19 56 , that I last saw the deceased alive on 1-28 , 19 56 , and that death occurred at 1: A. m. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. R. Gunn (Degree or title)		23b. ADDRESS 2227 So. Broadway		23c. DATE SIGNED 1-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-30-1956	24c. NAME OF CEMETERY OR CREMATORIUM Friendship	24d. LOCATION (City, town, or county) (State) Milan, Tenn.		
DATE REC'D BY LOCAL REG. JAN 30 1956	REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN F.H., Inc. 2301 Lafayette		

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.....
Licensed Embalmer No. 455
P. O. Address.....

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.