

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15568  
State File No. \_\_\_\_\_

FILED MAY 22 1956

BIRTH NO. _____		REG. DIST. NO. <u>34</u>		PRIMARY REG. DIST. NO. <u>5117</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>Ashland</u>		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 <u>Ashland RFD # 2</u>				e. STREET ADDRESS (If rural, give location) <u>Ashland RFD # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond Nelson</u> b. (Middle) <u>Bullard</u> c. (Last) <u>Bullard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1956</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>March 5 1901</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James W<sup>m</sup> Bullard</u>			13b. MOTHER'S MAIDEN NAME <u>Parera Blythe</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Bullard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-40-7907</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Bullard</u> ADDRESS <u>Ashland 770</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure -</u>				DUE TO (b) <u>Arterio-sclerotic heart disease.</u>				<u>1 week</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Rheumatic (Valvular) heart disease -</u>				<u>40 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>A recent broncho pneumonia.</u>								
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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) _____ 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 <u>1 May 56</u> , 19____, to <u>10 May 56</u> , 19____, that I last saw the deceased alive on <u>9 May 56</u> , 19____, and that death occurred at <u>3:02 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Gene R. Stal</u> (Type or Print)				23b. ADDRESS <u>Md 9 Ashland Mo</u>		23c. DATE SIGNED <u>11 May 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>		24d. LOCATION (City, town, or county) <u>Ashland Mo</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>May 11 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W<sup>m</sup> L. Burnett</u> ADDRESS <u>Ashland Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300

7-0

JUN 13 1956

**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 *W<sup>m</sup> L. Burnett*

Licensed Embalmer No. *35*

P. O. Address *Ashland*

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.