

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40806

STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>			
b. CITY (If outside of township only) OR TOWN <u>Cape Girardeau</u> <u>Cape Township</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>245 S Middle</u>			Length of stay in lb <u>!</u>	d. STREET ADDRESS <u>245 S Middle</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Monroe</u> Last <u>Bullock</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>6</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 25 1878</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>		11. BIRTHPLACE (City and state or country) <u>New Madrid Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>James M Bullock</u>				14. MOTHER'S MAIDEN NAME <u>Don't Know</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>Link</u>		17. INFORMANT <u>Mrs Otto Billings Cape Gir Mo.</u>		Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> <u>Myocarditis</u> <u>Arteriosclerosis</u> DUE TO (b) <u>4221</u> DUE TO (c) <u>5 yrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Sensitiz</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>5 yrs</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>12/6/56</u> and last saw her alive on <u>Dec 1-56</u> Death occurred at <u>midnight</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) <u>C. M. Ramsey DD 2</u>				22b. ADDRESS <u>Cape Girardeau Mo</u>		22c. DATE SIGNED <u>12/5/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-8-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		
24. FUNERAL DIRECTOR <u>Brinkopf Howell</u>				ADDRESS <u>Cape Gir Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-1956</u>	26. REGISTRAR'S SIGNATURE <u>T. C. Summers</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Ceroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *Neill H. Broadhead*

Licensed Embalmer No..... *4*

P. O. Address..... *Cape...*

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.