

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018050
STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2227

5. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	180 CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DELORA REST HOME 40 YRS		Length of stay in lb. 40 YRS	d. STREET ADDRESS (If outside, give location) 1007 AGNES Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SOPHIA CATHERINE BULLOCK			4. DATE OF DEATH Month Day Year APRIL 30, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 22, 1871
9. AGE (In years, Months, Days) 86		10. USUAL OCCUPATION (Give kind of work done by person at time of death, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) RAYMONDSVILLE, MO.
10a. USUAL OCCUPATION (Give kind of work done by person at time of death, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	12. CITIZEN OF WHAT COUNTRY? US.A.
13a. FATHER'S NAME JOSEPH VOLLMAR		13b. MOTHER'S MAIDEN NAME CAROLINE SCHERT	14. NAME OF HUSBAND OR WIFE WILLIAM W. BULLOCK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give number of years of service) NO		16. SOCIAL SECURITY NO. *****	17. INFORMANT Address OLIVE WOODCOCK 1007 AGNES K.C. MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Bronch Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 36 hrs 10 yrs 10 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Feb 1953 , to 4-30-58 and last saw her live on 4-30-58 Death occurred at Delora Rest Home on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. P. Frick M.D.		22b. ADDRESS 814 P. W. Bldg	
22c. DATE SIGNED 5-2-58		23a. BURL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 5/3/58		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		24. FUNERARY DIRECTOR C. J. Blackman & Son Inc. K.C. Mo	
25. DATE RECD. BY LOCAL REG. 5-2-58		26. REGISTRAR'S SIGNATURE neva minshall	

MEDICAL CERTIFICATION
J. P. Frick M. D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 *W.C. Busine*

Licensed Embalmer No. *4879*
P. O. Address *15076*

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.