. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039425
STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 108 Primary Registration District No. 4179 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Senath — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Senath — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First J. Middle Sam Last Bullington

4. DATE OF DEATH: Month Nov. Day 26 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 6, 1866
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 4 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Milan, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: William Bullington
13b. MOTHER'S MAIDEN NAME: Sarah Browning
14. NAME OF HUSBAND OR WIFE: Janie W. Bullington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Janie Williams Bullington, Senath Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Squamous Cell Carcinoma left cheek
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1913
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 1958, to Nov 26, 1958 and last saw her/him alive on Nov 26, 1958 4 pm
Death occurred at Nov 26, 1958 2:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles H. Merryman MD
22b. ADDRESS: Senath, Missouri
22c. DATE SIGNED: Nov 29, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/28/58
23c. NAME OF CEMETERY OR CREMATORY: McGrew
23d. LOCATION (City, town, or county) (State): Senath, Mo.

24. FUNERAL DIRECTOR: McDaniel Funeral Service, Senath Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-58
26. REGISTRAR'S SIGNATURE: Mrs. J. H. Lanier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1
6

COUNTY FILE NUMBER 7958 - 301

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. .....

P. O. Address .....