

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000482

STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fulton 0140 c. C
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 5		Length of stay in 1b 6 Yrs.	d. STREET ADDRESS Route 5 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mildred Middle Bush Last Bullard			4. DATE OF DEATH Month Jan. Day 27, Year 1959		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1913	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist- Clerk	10b. KIND OF BUSINESS OR INDUSTRY Dept. Of Welfare	11. BIRTHPLACE (City and state or country) Callaway County Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME Allen K. Bush	14. MOTHER'S MAIDEN NAME Iva Jones
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Forrest Bullard Route 5 Fulton Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death due to natural causes, according to the investigation made by Coroner		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) to the investigation made by Coroner DUE TO (c) Denzil C. Browning		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7954		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 1:45 Month Jan Day 27 Year 1959 a. m. P. p. m.		
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 _____, to _____ and last saw her/him alive on _____
Death occurred at **about 1:45 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Maretta Lawrence, Registrar</i>	(Degree or title)	22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED Jan-28-1959
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23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE 1-29-59	23c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens	23d. LOCATION (City, town, or county) (State) Fulton Mo.
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24. FUNERAL DIRECTOR Maupin Funeral Home Fulton Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan. 28-1959	26. REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

EMERALD
25
1911

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

Signature *Marshall E. Blackburn*

Licensed Embalmer No. *47*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.