Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016695
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 97 Primary Registration District No. 5100 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN: MERWIN (W 237 Rooke Tp) — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): HOME — Length of stay in 1b: 7 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BATES
c. CITY OR TOWN: MERWIN — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 070 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MARCUS Middle: EUGENE Last: BULLOCK

4. DATE OF DEATH Month: MAY Day: 31 Year: 1959

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 3/25/1884

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

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

13a. FATHER'S NAME: JAMES J. BULLOCK
13b. MOTHER'S MAIDEN NAME: NANCY COX
14. NAME OF HUSBAND OR WIFE: ELVY-RATLIFF-BULLOCK

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.: 514-03-2291
17. INFORMANT: MRS. ELVY BULLOCK Address: MERWIN, 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): Gunshot wound - head -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~: self inflicted.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
976X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [X] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot self in head with shotgun.
20c. TIME OF INJURY: Hour a.m. p.m. 8 — Month, Day, Year 5 31 1959.
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Merwin COUNTY: Bates STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 8 A.M. upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Douglas L. Powell WB Coroner
22b. ADDRESS: Butler, Mo
22c. DATE SIGNED: 5/31/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-3-1959
23c. NAME OF CEMETERY OR CREMATORY: GARDEN CITY CEMETERY
23d. LOCATION (City, town, or county) (State): GARDEN CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: RUNYAN FUNERAL HOME, DREXEL, MO
25. DATE RECD. BY LOCAL REG.: JUNE 3-1959
26. REGISTRAR'S SIGNATURE: Kendall Kerry

(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.

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JUN 12 1939

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 Gerald E White

Licensed Embalmer No. 4956

P. O. Address Lansing 1

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.