

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017010

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 53 Primary Registration District No. 0-0-0-0 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY OR TOWN Allenville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Allenville	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, behind town store	Length of stay in lb 20 years	d. STREET ADDRESS (If outside, give location) On side street, behind town store	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Leo NONE Bullinger			4. DATE OF DEATH Month Day Year May 19, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Benton, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Peter Bullinger		13b. MOTHER'S MAIDEN NAME Annie Glastetter	14. NAME OF HUSBAND OR WIFE Laura Davis Bullinger		

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. 198-10-6118	17. INFORMANT Andrew Bullinger	Address Cape Girardeau, 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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease		4 yrs
	DUE TO (c) Generalized Arteriosclerosis		4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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 Cape Girardeau, Mo.	COUNTY Cape Gir.	STATE
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21. I attended the deceased from **10-8-59** to **5-19-59** and last saw him alive on **5-14-59**
Death occurred at **2:00 pm** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. W. Bealough, M.D.	(Degree or title)	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 5-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-21-1959	23c. NAME OF CEMETERY OR CREMATORY Morgan Cemetery	23d. LOCATION (City, town, or county) (State) Advance, Mo.
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24. FUNERAL DIRECTOR Ford & Sons	ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 5-21-1959	26. REGISTRAR'S SIGNATURE Drene Kasten
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 27 1959

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. J. Ford

Licensed Embalmer No...5057.....

P. O. Address *Cape Girardeau, Mo.*

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.