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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021805

STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 283

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Independence Hosp. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1700 519 No. Pleasant — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Nora Middle: Last: Bullard

4. DATE OF DEATH Month Day Year: June 21, 1959

5. SEX Female

6. COLOR OR RACE Cauc.

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Mar 10-1885

9. AGE (In years last birthday) 74 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Rich Hill Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. W. Morgan

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE

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. 499-26-7897

17. INFORMANT Mr. George Bullard — Address 519 No. Pleasant.

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 Anterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 6/12/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~
DUE TO (c) Posterior Myocardial Infarction — Years — 59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [X] 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 June 17 1959, to June 21, 1959 and last saw her alive on June 20, 1959
Death occurred at June 21, 1959, 11:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. W. Grabske, M.D.

22b. ADDRESS Independence, Mo

22c. DATE SIGNED 6/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 24, 1959

23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW

23d. LOCATION (City, town, or county) Holden (State) Missouri

24. FUNERAL DIRECTOR Muehlebach — **ADDRESS** 6800 Troost

25. DATE RECD. BY LOCAL REG. 6-24-59

26. REGISTRAR'S SIGNATURE James L. Craig

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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AUG 7 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed R. P. Nichols

Licensed Embalmer No. 6997

P. O. Address K. C. Mo.

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