

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9364

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 2048		Registrar's No. 63		
1. PLACE OF DEATH a. COUNTY <u>NO DAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>ANDREW</u>				
b. CITY OR TOWN <u>MARYVILLE</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY OR TOWN <u>SAVANNAH</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>								
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Willis</u>			b. (Middle) _____		
			c. (Last) <u>BULLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 6 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct 8 1861</u>		
						9. AGE (In years last birthday) <u>87</u>		
						IF UNDER 1 YEAR Months Days Hours Mins. <u>4 28</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>New York</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>W. W. Bullock</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Hastings</u>			14. NAME OF HUSBAND OR WIFE <u>W. H. Bullock</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Bullock</u>				
				ADDRESS <u>NO DAWAY MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Hypertension</u>						
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) <u>Arterio-sclerosis</u>						
		DUE TO (c) <u>Decompensating Heart</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Basal congestion lungs, Peripheral Hypertensive Edema, I.</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>4-5</u> , 19 <u>48</u> , to <u>3-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>49</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Lilbert B. Kelling MD</u>				23b. ADDRESS <u>Savannah Mo</u>		23c. DATE SIGNED <u>3-7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>		
DATE REC'D BY LOCAL REG. <u>3-8-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. C. Breit</u>		ADDRESS <u>Savannah Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed E. C. Breit

Signed _____
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Laramie Wyo.

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 this body is not embalmed, fact should be so stated above.