

FILED MAR 27 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 9911

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>6 Hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		<u>0812</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Waynesville Gen. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>106 So. Faulkner</u>			
3. NAME OF DECEASED (Type or Print) <u>Fred</u>		a. (First)		b. (Middle) <u>Bullington Jr.</u>		c. (Last)	
4. DATE OF DEATH (Month) <u>3</u> (Day) <u>11</u> (Year) <u>50</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Mar. 7 1927</u>		9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milk Route Driver</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Bullington Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie Begley</u>		14. NAME OF HUSBAND OR WIFE <u>Edna</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Missouri National Guard</u>		16. SOCIAL SECURITY NO. <u>499-24-7160</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Fred Bullington Sr. 205 West Cole Monett, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull fracture</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Concussion of brain</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. # <u>26</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20164</u> <u>26</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Appt 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Cuba Crawford Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 11, 1950 1:30P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u> <u>0780</u>			
22. I hereby certify that I attended the deceased <u>on March 11</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy J. Hedges</u> <u>Coroner</u>		23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>3/11/50</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-22-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAK 29 MAY

RECEIVED 3/22/50  
Pulaski County Health Officer  
File Number 28  
Date Filed 3/22/50

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 \_\_\_\_\_  
Student Embalmer

Signed Paul E. Mull  
Licensed Embalmer No. 4498  
P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.