

FILED MAY 16 1950 STANDARD CERTIFICATE OF DEATH

State File No. **17099**
Registrar's No. **91**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1024 Fulton		d. STREET ADDRESS (If rural, give location) Fulton	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) F.	c. (Last) Bull	4. DATE OF DEATH (Month) (Day) (Year) May 9, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 28, 1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR 20 Months	IF UNDER 1 YEAR 6 Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Charleston, Ill	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME George M. Bull	13b. MOTHER'S MAIDEN NAME Elizabeth Ramsey	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Earl C. Bull, Rt # 2, Carthage	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1.500	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-2**, 19**48**, to **5-3**, 19**50**; that I last saw the deceased alive on **5-3**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 304 Grant Carthage Mo	23c. DATE SIGNED 5-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-10-50	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) S.E. Carthage, Mo.
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DATE REC'D BY LOCAL REG. May 11-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME, CAR THAGE, MO.	ADDRESS
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RECEIVED 5-15-50

Jasper County Health Office

County File Number 50-4-393

Date Filed 5-15-50

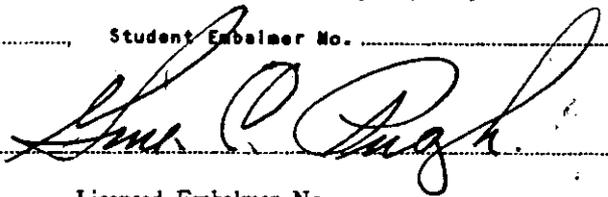
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed 

Licensed Embalmer No.

P. O. Address

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.