

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24329

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>78</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin, Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</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>Deer Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dry Creek</u>		06-30		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeWitt</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Dale</u> c. (Last) <u>Bull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 13 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1/28/1945</u>		
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas C. Bull</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Eads</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas C. Bull, Hayden, Missouri</u> ADDRESS _____				
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>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral carcinoma</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>  <u>1 year</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>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X X X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X X X m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>				
22. I hereby certify that I attended the deceased from <u>July 1, 1949</u> , to <u>July 13, 1950</u> , that I last saw the deceased alive on <u>July 13, 1950</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Donley Gates D.O.</u> (Degree or title)				23b. ADDRESS <u>Dixon, Mo</u>		23c. DATE SIGNED <u>7-15-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/16/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kenner</u>		24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-18-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> 389		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

850

RECEIVED 7/17/50  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 7/18/50

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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 Maurice E. Schiebbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.