

No. 300  
10-48  
490  
P. P. P.

FILED MAR 1 1951

STANDARD CERTIFICATE OF DEATH

5116

State File No. \_\_\_\_\_  
Registrar's No. 45

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582

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 "Rural"		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural"	
c. LENGTH OF STAY (in this place) 40 Years		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #4 Carthage, Mo.		d. STREET ADDRESS (If rural, give location) Route #4 Carthage	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) BULL			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7 Days 23
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 (State or foreign country) Polk County, Iowa.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME T. C. Gilbreath		13b. MOTHER'S MAIDEN NAME Rachel Mickens		14. NAME OF HUSBAND OR WIFE Charles D. Bull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME C. D. Bull ADDRESS Route #4 Carthage, Mo.	

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  Unknown  Unknown  Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronica		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis and Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 12-12, 1949, to 2-19, 1951, that I last saw the deceased alive on 2-14, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD		23b. ADDRESS 304 Grant, Carthage		23c. DATE SIGNED 2-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-51		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	
24d. LOCATION (City, town, or county) (State) Carterville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.			
DATE REC'D BY LOCAL REG. 2-20-51		REGISTRAR'S SIGNATURE [Signature] 138			

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

RECEIVED 2-28-51  
Jasper County Health Office

County File Number 51-2-149

Date Filed 2-28-51

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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

*Gene C. Pugh*  
Gene. C. Pugh.

Signed \_\_\_\_\_

Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.