

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22964**
2809

FILED AUG 4 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (If this place) 25 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			d. STREET ADDRESS (If rural, give location) 309 Garfield		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Elizabeth	b. (Middle) C.	c. (Last) Bulson	(Month) 7	(Day) 2	(Year) 51

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH-22 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greensborough N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Stanley	13b. MOTHER'S MAIDEN NAME MARY Robbins	14. NAME OF HUSBAND OR WIFE ISAAC F. Bulson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME MRS. FRANK HALCY	ADDRESS LOUISIANA, MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 332X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Encepholomalacia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thrombosis of the middle cerebral artery DUE TO (c) generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 June 16, 1951, to July 2, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 7:30P. m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 7-3-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-4-51	24c. NAME OF CEMETERY OR CREMATORY East Side	24d. LOCATION (City, town, or county) (State) Brunswick Mo
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DATE REC'D BY LOCAL REG. 7-3-51	REGISTRAR'S SIGNATURE S. Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newman	ADDRESS N. K. C.
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(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.

Student
Student Embalmer

Signed Glen A. Hill

Licensed Embalmer No. 45-86

P. O. Address Bozrah, 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.