

STANDARD CERTIFICATE OF DEATH

29742

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. <u>523</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Boy Imp.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Boy Imp.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 3, Eldorado Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 3, Eldorado Springs</u>							
3. NAME OF DECEASED (Type or Print) <u>ELMER</u>		a. (First)		b. (Middle) <u>BULLINGTON</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 17, 1889</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Former</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>		9. AGE (In years last birthday) <u>62</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co., Neb.</u>	
13a. FATHER'S NAME <u>M. W. Bullington</u>		13b. MOTHER'S M maiden name <u>Mica</u>		14. NAME OF HUSBAND OR WIFE <u>Birdie Bullington</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>1 W.W. 514-07-9711</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Birdie Bullington Eldorado Springs</u>		ADDRESS <u>4221</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</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>2 mos.</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)		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)		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 <u>11 July, 1951</u> , to <u>19 Sept, 1951</u> , that I last saw the deceased alive on <u>19 Sept, 1951</u> , and that death occurred at <u>7:42 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hill</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Eldorado Springs, Mo</u>		23c. DATE SIGNED <u>20 Sept 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Filly Mound</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>George W. Mafus</u>		418 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mafus Funeral Home Eldorado Springs</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

SEP 27 1951

Dist. File

Date Filed

921-1248

9-28-51

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 Embalmer No.....

Signed.....
Student Embalmer

Signed *George W. Nafin*

Licensed Embalmer No. *4752*

P. O. Address *El Dorado, Ark.*

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.