

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2127

State File No.

FILED JAN 29 1953

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 529

581
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>New Cambria</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) _____ c. (Last) <u>Bulen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1953</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Jan. 3, 1953</u>	9. AGE (In years last birthday) <u>xxx</u>	IF UNDER 1 YEAR <u>xx</u> Days	IF UNDER 1 HR. <u>16</u> Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXX</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>	11. BIRTHPLACE (State or foreign country) <u>New Cambria, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ellsworth Bulen</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy Fainter</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXXX</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>XXXX</u> (If yes, give war or dates of service) <u>XXXXXX</u>	16. SOCIAL SECURITY NO. <u>XXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellsworth Bulen, New Cambria, Mo.</u>	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 <u>16 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUB-DURAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BIRTH INJURY</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DEHYDRATION,</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7700</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 JAN. 14, 1953, to JAN 18, 1953, that I last saw the deceased alive on JAN 18, 1953, and that death occurred at 12:40 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Berry MD</u> (Degree or title)	23b. ADDRESS <u>Marceline Mo.</u>	23c. DATE SIGNED <u>1-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria</u>	24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-20-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>New Cambria Mo</u>
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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 _____

This Body was not Embalmed
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *H. J. Gillik*

Licensed Embalmer No. *4019*

P. O. Address *New Cambria Md*

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.