

No. 300  
10-48

FILED JUN 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22261

State File No. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 4343 Registrar's No. \_\_\_\_\_

700

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

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Connecticut</b> b. COUNTY <b>New Haven</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Danville Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waterbury</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>265 S. Main</b> <b>806</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle) <b>Clifford</b>	c. (Last) <b>Bulman Jr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 7, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="radio"/> WIDOWED, <input type="radio"/> DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 16, 1935</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundry man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Laundry</b>	11. BIRTHPLACE (State or foreign country) <b>Waterbury, Conn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph C. Bulman</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Willette</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>042-26-7755</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mulville Funeral Home</b>	ADDRESS <b>Waterbury, Conn.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull due to injuries received in auto accident on Highway 40, in Danville Township</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Highway 40, in Danville Township</b>		
	DUE TO (c) 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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. Highway 40</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Danville Township Montgomery, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) <b>JUNE 7, 1953 9:50 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto accident. 070</b>
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22. I hereby certify that I viewed the deceased from **7 JUNE, 1953**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clement W. Linnert, Coroner</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>Montgomery City, Mo.</b>	23c. DATE SIGNED <b>8 JUNE 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 11, '53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Pine Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waterbury, Conn.</b>
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DATE REC'D BY LOCAL REG. <b>6-8-53</b>	REGISTRAR'S SIGNATURE <b>John Helm M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schlanke Funeral Home</b>	ADDRESS <b>Montgomery City, Mo.</b>
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APR 19 1953

JUN 24 1950

AUG 19 1953

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 E. Boone Schlanke

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.