

Bullard
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42245

0143
FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 State File No. _____ Registrar's No. 414

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fulton</u>) | | c. LENGTH OF <u>15</u> YEARS (in this place) | c. CITY OR TOWN <u>Fulton</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>716 Walnut Street</u> | | e. STREET ADDRESS (If rural, give location) <u>716 Walnut Street</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Bullard</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 9, 1874</u> |
| 9. AGE (in years last birthday) <u>79</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William S. Price</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Selby</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>John Bullard</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Bullard</u> ADDRESS <u>Fulton Mo.</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, general</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <u>4200</u> | |
| 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) (Min.) | |
| 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>March 17, 1953</u> , to <u>Dec. 25, 1953</u> , that I last saw the deceased alive on <u>Dec. 25, 1953</u> , and that death occurred at <u>9:40 p. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Patricia F. Lanier, MD.</u> | | 23b. ADDRESS <u>607 Court St., Fulton, Mo.</u> | |
| 23c. DATE SIGNED <u>12-26-53</u> | | 24. NAME OF CEMETERY OR CREMATORY <u>Millers Creek</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/27/53</u> | |
| 24c. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha Lawrence</u> ADDRESS <u>Fulton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec. 26-1953</u> | | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> ADDRESS <u>Fulton Mo.</u> | |

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

MAY 28 1955

MAY 12 1955

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.....
Signature of Student Embalmer

Signed.....
W. A. [Signature]

Licensed Embalmer No. *3722*

P. O. Address *Fulton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.