

43346

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1953

V.S. No. 300
Rev. 10-48

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG., DIST. NO. <u>2001</u>		Registrar's No. <u>548</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>5 MIN.</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1623 VIRGINIA</u> <u>0495</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>BULGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 5 1953</u>					
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>OCT. 19, 1889</u>		
9. AGE (In years last birthday) <u>64</u>		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) <u>SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL FURNITURE</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>BAXTER SPRINGS, KANSAS</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>PHILLIP BULGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KENNAHAN</u>		14. NAME OF HUSBAND OR WIFE <u>JESSIE BULGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNK</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JESSIE BULGER 1623 VIRGINIA JOPLIN</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Acute</u>						
		ANTECEDENT CAUSES						
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last..						
		DUE TO (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 <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>(did not attend)</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:10 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Walter M. Brown Jasper County</u>				23b. ADDRESS <u>Dist Nat'l Bldg, Joplin Mo</u>		23c. DATE SIGNED <u>12-7-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 8 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>12-9-53</u>		REGISTRAR'S SIGNATURE <u>W. S. James 138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY JOPLIN, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 14 1953

RECEIVED

Jasper County Health Office

County File Number

23-12-226
DEC 14 1953

Date Filed

1953

FEB 21 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.....
Signature of Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.