No. 300
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FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15120

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5158 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILLERSBURG
c. LENGTH OF STAY (In this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FULTON, MO. RT. 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN: MILLERSBURG
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): FULTON RT. 5 0140 0

3. NAME OF DECEASED (Type or Print)
a. (First): SETH
b. (Middle): BRUCE
c. (Last): BULLARD

4. DATE OF DEATH (Month) (Day) (Year): MAY 16, 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 3, 1873
9. AGE (In years last birthday): 81 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (City and State or Foreign Country): CALLAWAY COUNTY 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: RUBEN BULLARD
13b. MOTHER'S MAIDEN NAME: MATTIE SELBY
14. NAME OF HUSBAND OR WIFE: GEORGIE BULLARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Mrs Georgie Bullard — ADDRESS: MILLERSBURG MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
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: 4221
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1946, *to* May 16, 1954, *that I last saw the deceased alive on* May 14, 1954, *and that death occurred at* 7:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 5-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 18/54
24c. NAME OF CEMETERY OR CREMATORY: MILLERSBURG
24d. LOCATION (City, town, or county) (State): MILLERSBURG MO

DATE REC'D BY LOCAL REG.: May 22-1954
REGISTRAR'S SIGNATURE: Marietta Lawrence 0426-0
25. FUNERAL DIRECTOR'S SIGNATURE: Maupin Funeral Home — ADDRESS: Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen Y. Maupin

Licensed Embalmer No. 27.

P. O. Address Fulton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.