

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15138

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>187</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>7</u>		c. CITY OR TOWN <u>Cape Girardeau</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>545 South Middle</u>				e. STREET ADDRESS (If rural, give location) <u>545 South Middle</u> <u>016%</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emilie</u>		b. (Middle) <u>X</u>		c. (Last) <u>Bullock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 - 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 28 1878</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>11</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>John Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>James A Bullock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Bullock</u> ADDRESS <u>Cape Girardeau 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>Myocardial Reorganization</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral accident</u> DUE TO (c) <u>Hypertension - Arterio-sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10-hrs.</u> <u>2 yrs.</u> <u>331 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>December 1952</u> , to <u>May 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>54</u> , and that death occurred at <u>4:45</u> P. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. R. Kinsey</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>5/13/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>5-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-13-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Howell</u> ADDRESS <u>Cape Girardeau Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. H. [Signature]* .....

Licensed Embalmer No. *23* .....

P. O. Address *Cap [Signature]* .....

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.