

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18304

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>4124</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Bullard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-15-1866</u>	
9. AGE (If under 1 year, last birthday) <u>88</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>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Clark Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry J. King</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Neal</u>		14. NAME OF HUSBAND OR WIFE <u>George Bullard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Claude E. Bullard</u> ADDRESS <u>Kahoka 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>Carcinoma of Bowel</u>					INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
		ANTECEDENT CAUSES 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 _____				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) <u>153X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 1, 1954</u> , to <u>June 11, 1954</u> , that I last saw the deceased alive on <u>June 11, 1954</u> , and that death occurred at <u>5 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Perry S. Barton, D.P.</u>				23b. ADDRESS <u>Kahoka, Mo</u>		23c. DATE SIGNED <u>6-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/17-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karle</u> ADDRESS <u>Kahoka Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Katoka 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.