

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26996  
Registrar's No. 39

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 3366

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain View Mo.</u>		c. LENGTH OF RESIDENCE IN THIS PLACE <u>82 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		c. CITY OR TOWN <u>Mountain View Mo.</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>E.</u> c. (Last) <u>Bull</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 - 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married May 29 1912</u>	8. DATE OF BIRTH <u>May 29 1872</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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State, Foreign Country) <u>Reynolds Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lewis Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Saunders</u>	
14. NAME OF HUSBAND OR WIFE <u>J.M. Bull</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. B. Davis</u>		ADDRESS <u>McVee 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>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) <u>Cardiac Valvular Disease</u> 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>4214</u>	
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)		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>Feb</u> , 19 <u>49</u> , to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>54</u> and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. Starnes Hampton D.D.</u>		23b. ADDRESS <u>Summersville</u>	
23c. DATE SIGNED <u>8/3/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9 - 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McVee Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain View Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-54</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>American Funeral Home</u>		ADDRESS <u>McVee Mo.</u>	

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 *John J. Stearns*

Licensed Embalmer No. *257*

P. O. Address *M. X. Veir*

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.