

FILED DEC 29 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41677

BIRTH NO. _____		REG. DIST. NO. <u>20</u>		PRIMARY REG. DIST. NO. <u>5738</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>macon</u>				
b. CITY OR TOWN <u>Rural - La Plata Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>La Plata Twp. rural</u>		06/0		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertie</u> b. (Middle) <u>america</u> c. (Last) <u>Bull</u>			4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>8</u> (Year) <u>54</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 2-1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 6 HRS. Hours <u>6</u>	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keep.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For own home</u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jerome Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Jerusha Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>A. M. Bull</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Cribb</u> ADDRESS <u>La Plata, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia (Labor) Pneumonia, shock</u> ANTECEDENT CAUSES <u>Chronic</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Chronic Passive Congestion of Lungs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</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>Oct 24</u> , 19 <u>52</u> , to <u>Dec 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 8</u> , 19 <u>54</u> , and that death occurred at <u>11:25 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. L. Woodward Do 2</u>				23b. ADDRESS <u>Atenton MO</u>		23c. DATE SIGNED <u>12-11-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata MO</u>			
DATE REC'D BY LOCAL REG. <u>Dec 14 54</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. B. Griffin 186</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>		ADDRESS <u>La Plata MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12.21.54

MACON COUNTY HEALTH DEPARTMENT

County File No. 12.54.196

Date Filed 12.24.54

(10)

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.