

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7617  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>OKLA</u> b. COUNTY <u>TULSA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>TULSA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>350</u>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>230 E 29th St, North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles Estill Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Virgil</u> b. (Middle) <u>Garland</u> c. (Last) <u>Bullard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 3 53</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 14, 1912</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>0</u> Min <u>55</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver Midwest Freight</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Van Zant, Texas</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willy Bullard</u>	13b. MOTHER'S MAIDEN NAME <u>Lelia Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Willie D. Bullard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>448-05-9937</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Dale Bullard</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 dys.</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Sub Diaphragmatic Abscess</u>			<u>5 dys.</u>
	DUE TO (c) <u>Peritonitis</u>			<u>??</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Perforation of ileum</u>			<u>??</u>	

19a. DATE OF OPERATION <u>April 3-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>listed</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 31, 1953, to April 3, 1953, that I last saw the deceased alive on April 3, 1953, and that death occurred at 12:55 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eugene E. Pollock</u>	23b. ADDRESS <u>616 E. High Jct. City, MO</u>	23c. DATE SIGNED <u>April 3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>TULSA OKLAHOMA</u>
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DATE REC'D BY LOCAL REG. <u>April 3-55</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD NR 68</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tanner Funeral Home Jefferson City</u>	ADDRESS <u>Jefferson City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1958

1042

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 *Donald P. Jensen*.....

Licensed Embalmer No. *462*

P. O. Address *Jensen*.....

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.