

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22864

State File No.

FILED JUL 18 1955

BIRTH NO.		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5754</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dry Creek</u> c. LENGTH OF STAY (in this place) <u>8</u> <u>9</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> c. CITY OR TOWN <u>Rural Dry Creek</u> d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>9</u> e. STREET ADDRESS (If rural, give location) <u>0638</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephin</u> b. (Middle) c. (Last) <u>Bull</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>10</u> (Year) <u>1955</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>1/3/1879</u>		9. AGE (in years last birthday) <u>76</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>3</u> Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>Miniza Colton</u>		14. NAME OF HUSBAND OR WIFE <u>John Bull</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thomas Bull, Dixon, Missouri</u>		ADDRESS	
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>Diabetes mellitus</u> ANTECEDENT CAUSES Left Heart Failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial disease</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>				INTERVAL BETWEEN ONSET AND DEATH years <u>months</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (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>April 11, 1955</u> , to <u>July 12, 1955</u> , that I last saw the deceased alive on <u>July 9, 1955</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Minigan, D.O.</u>		23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>12 July '55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/13/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kenner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-13-55</u>		REGISTRAR'S SIGNATURE <u>Pauline Norwalk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 July 10- 1958, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ed. H. Bell

Licensed Embalmer No. 234

P. O. Address... Dixon, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.