

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1804**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 months		e. STREET ADDRESS (If rural, give location) 5404 Cleveland	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) THELMA b. (Middle) MAE c. (Last) BULLARD			4. DATE OF DEATH January 21, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 22, 1909	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Jordon		13b. MOTHER'S MAIDEN NAME Emma Simmons		14. NAME OF HUSBAND OR WIFE Lloyd W. Bullard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME Lloyd W. Bullard, Kansas City, Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mutant carcinoma		INTERVAL BETWEEN ONSET AND DEATH 18 Mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cervix			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X		20. AUTOPSY? 2 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) (Min.)		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 **AUG 9, 1955**, to **JAN 21, 1957**, that I last saw the deceased alive on **JAN 20, 1957**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J. Slope</i>		23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 1/21/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 23, 1957		24c. NAME OF CEMETERY OR CREMATORY Machpelah	
24d. LOCATION (City, town, or county) (State) Lexington, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Forest H. Gimpel, Lexington, Missouri</i>			
DATE REC'D BY LOCAL REG. 1-24-57		REGISTRAR'S SIGNATURE <i>Thomas E. Gustafson</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 5 1958

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 *L. W. McLean*

Licensed Embalmer No. *298*
P. O. Address *Leungton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.