FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3738

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2601 Patee St., — Length of stay in Hospital 31 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0113 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2601 Patee St., — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WILLIAM Middle L. Last BULLOCK

4. DATE OF DEATH Month Day Year Feb. 15, 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 4, 1879
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired salesman
10b. KIND OF BUSINESS OR INDUSTRY Automobile Co.
11. BIRTHPLACE (City and state or country) Decatur, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Calvin Bullock
14. MOTHER'S MAIDEN NAME Mary Hayes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 491-09-7457A
17. INFORMANT Address Mrs. William Bullock, 2601 Patee, St. Joseph, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Complete Heart Block — INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary insufficiency — 30 days
DUE TO (c) arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-1 57, to 2-14-57 and last saw ~~her~~ him alive on 2-14-57
Death occurred at 5:40p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Molten Head (Degree or title) MD
22b. ADDRESS 2603 Fredrick Ave City
22c. DATE SIGNED 2-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/18/1957
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR Heaton-Bowman ADDRESS St Joseph Mo
25. DATE RECD. BY LOCAL REG. Feb 20, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 453

P. O. Address 3195 10th St

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