Health, Welfare Public Service

300
1-56

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

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004977
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett — Inside Limits: Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dunklin Memorial Hospital — Length of stay in Hospital: 6 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 603 S. Hopper — Reside on Farm: Yes ☐ XX No ☐

3. NAME OF DECEASED (Type or print): First: Cora Middle: Ethel Louise Last: Bulla

4. DATE OF DEATH: Month: Jan. Day: 31 Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** XX **DIVORCED** ☐
8. DATE OF BIRTH: July 16 1889
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months: 5 Days: 15 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (City and state or country): Kennett
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown Brumley
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Cecil Renfro Address: 700 Slicer Kennett Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-vascular Accident.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular disease.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 Jan 29 '58, to Jan 30 '58 and last saw her/him alive on Jan 31-58
Death occurred at 1.30A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: Kennett Mo.
22c. DATE SIGNED: Feb 4-1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-2-58
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Kennett Mo.

24. FUNERAL DIRECTOR: Lentz Service ADDRESS: Kennett Mo.
25. DATE RECD. BY LOCAL REG.: 2-5-1958
26. REGISTRAR'S SIGNATURE: Earl Hinshaw

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED [illegible]
DEPARTMENT 2-11-58
COUNTY FILE NUMBER 258

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 Edgar Lee Tow

Licensed Embalmer No. 443

P. O. Address Kennett Mc

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.