

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020746

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 198

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                  | c. CITY OR TOWN <u>La Plata</u> <u>6010</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hosp</u><br>Length of stay in 1b <u>1 Wk</u>  |                                  | d. STREET ADDRESS <u>--</u> (If outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>NINA</u> Middle <u>LEE</u> Last <u>BULLOCK</u>  |                                  |  | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>8</u> Year <u>1958</u>  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>        | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>June 18, 1889</u>   |
| 9. AGE (In years last birthday) <u>68</u>   |                                  | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>20</u>   | IF UNDER 24 HRS.<br>Hours <u>--</u> Min. <u>--</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country)<br><u>Memphis Mo.</u> <u>0</u>                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |                                  | 13. FATHER'S NAME<br><u>Horace Lee Howard</u>  |  |
| 14. MOTHER'S MAIDEN NAME<br><u>Addie Lee Anderson</u>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                   |  |
| 16. SOCIAL SECURITY NO.<br><u>486-38-7261</u>   |                                  | 17. INFORMANT Address<br><u>Robert Bullock La Plata, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Lobar pneumonia</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Paralysis agitans</u><br>DUE TO (c) <u>350X</u> |                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 days</u><br><br><u>years</u>                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)               |
| 20c. TIME OF INJURY<br>Hour <u>Hour</u> Month, Day, Year<br>a. m. <u>a. m.</u><br>p. m. <u>p. m.</u>  |                                  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 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 <u>5-29-58</u> to <u>6-8-58</u> and last saw her alive on <u>6-7-58</u><br>Death occurred at <u>1:35</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |  |  |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)   |                                  | 22b. ADDRESS<br><u>Kirkville, Missouri</u>   | 22c. DATE SIGNED<br><u>6-11-58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>June 9, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>La Plata Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>La Plata, Missouri</u>                                 |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Wilson Funeral Home, La Plata, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>6-13-58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Doris W. Rathbun</u>   |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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56

35  
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V/S  
SEP 14 1960

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 *Kenneth M. Wilson* .....

Licensed Embalmer No. .... 47

P. O. Address ..... La Plata

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..