THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021127
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 906 Vine St — Length of stay in 1b 17 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton 0143 0 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 906 Vine St. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First Nonie Middle Foster Last Bullard
4. DATE OF DEATH: Month June Day 17 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2
8. DATE OF BIRTH July 15, 1885
9. AGE (In years last birthday) 72 — 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 State Hiway
10b. KIND OF BUSINESS OR INDUSTRY Dept. Employee
11. BIRTHPLACE (City and state or country) Boone County, Mo C
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ruben Bullard
14. MOTHER'S MAIDEN NAME Martha Ellen Selby
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. 499-01-1569
17. INFORMANT Mrs. Bernardene Gilling Address New Bloomfield R#2 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral atherosclerosis
DUE TO (c) 331X
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? YES ☐ NO ☑ 2

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 April, 1958 to death. and last saw her/him alive on June 17, 1958
Death occurred at June 17, 1958 9:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Tom Brewer MD C (Degree or title)
22b. ADDRESS Fulton, Mo.
22c. DATE SIGNED 6-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 20, 1958
23c. NAME OF CEMETERY OR CREMATORY Central Ch. Cemetery
23d. LOCATION (City, town, or county) 6 Mi W. Fulton (State) Mo

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton Mo
25. DATE RECD. BY LOCAL REG. June 20-1958
26. REGISTRAR'S SIGNATURE Naretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JUN 8 5 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hector R. Masure

Licensed Embalmer No. 49

P. O. Address Fulton,

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.