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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026001
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u> c 490	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D. C. C. McCune Brooks Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Earl C. Bull</u>		4. DATE OF DEATH Month Day Year <u>July 14, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-24-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Min. <u>70</u> Months Days Hours
11. BIRTHPLACE (City and state or country) <u>Carthage, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James F. Bull</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy C. Carter</u>	
14. NAME OF HUSBAND OR WIFE <u>Maymie Bledsoe Bull</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Alda Downey Route #4 Carthage</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion Fatal</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>No injury</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>Carthage</u>		COUNTY STATE <u>Missouri</u>	
21. I attended the deceased from <u>Did not attend - pronounced dead as follows</u> Death occurred at <u>9 P.M. Carthage, Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wendell H. Brown, M.D.</u>		22b. ADDRESS <u>Med Arts Bldg. Carthage, Mo.</u>	
22c. DATE SIGNED <u>7/17/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-18-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cartersville, Cen.</u>		23d. LOCATION (City, town, or county) (State) <u>Cartersville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-18-58</u>	
26. REGISTRAR'S SIGNATURE <u>E. M. Clifton</u>			

MEDICAL CERTIFICATION

W.W. HURST, M.D.

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

MS MAR 10 1959

MS MAY 18 1959

MS FEB 29 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 *Edwin L. Elmer*

Licensed Embalmer No. *4955*
P. O. Address *Bartholomew*

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.