

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044659

STATE FILE NUMBER

Filed DEC 30 1958 Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 244

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-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death (specify)) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cartersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cartersville 0490
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 601 N. Ky. St.		Length of stay in lb 27 yrs.	d. STREET ADDRESS (If outside, give location) 601 N. Ky. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Henry Clay Bulger			4. DATE OF DEATH Month Day Year Dec. 23, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1872	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Middletown, Ind. 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Straude Bulger	13b. MOTHER'S MAIDEN NAME Barbara Allen	14. NAME OF HUSBAND OR WIFE Pearl Bulger
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Pearl Bulger 601 N. Ky. St. Cartersville, Mo.
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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>Arrucular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200

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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

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
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21. I attended the deceased from 11-24-58 to 12-23-58 and last saw him alive on 12-20-58
Death occurred at 5:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Tom Sargerson</u> M.D.	22b. ADDRESS Webb City, Mo.	22c. DATE SIGNED 12-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-26-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Webb City, Mo.
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24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 12-26-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Smitzer
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All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 R.M. Ferguson-M.D.

FEB 15 1962

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 Harvey E. Ornic
Licensed Embalmer No. 4463
P. O. Address West City, Mo.

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.