

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000175

FILED VS JAN 18 1960 38

Registration District No. \_\_\_\_\_ Primary Registration District No. 3006 Registrar's No. 15

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>Lifetime</b>	c. CITY OR TOWN <b>Columbia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>603 N. Providence Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WALLACE</b> Middle <b>AUDLEY</b> Last <b>BULLARD</b>			4. DATE OF DEATH Month <b>January</b> Day <b>10</b> , Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-17-1896</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Storeroom Clerk - University of Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Storeroom Clerk</b>	11. BIRTHPLACE (City and state or country) <b>Boone County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James B. Bullard</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Leona Nichols</b>	14. NAME OF HUSBAND OR WIFE <b>Hallie M. Hall</b>
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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) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>495-36-2230</b>	17. INFORMANT <b>Mrs. Mary C. Lee, Boonville, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>ACUTE CORONARY OCCLUSION</b>		<b>2 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b>	<b>Years</b>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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 <b>Columbia</b>	COUNTY <b>Boone</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **10 Jan 60** to **10 Jan 60** and last saw <sup>her</sup>him alive on **10 Jan 60**  
Death occurred at **6 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Logan MD</i> (Degree or title)	22b. ADDRESS <b>909 Univ Ave Columbia MO</b>	22c. DATE SIGNED <b>12 Jan 60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-13-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) <b>Columbia, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Parker Funeral Service, Columbia, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan 12, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 16 1961

NOV 30 1961

FEB 18 1960

JAN 26

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722  
P. O. Address Columbia, 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.