

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023569

FILED VS. JUL 12 1960 156

Registration District No. 2001 Primary Registration District No. 2001 Registrar's No. 332

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 2 Days		c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R Route # 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Charles Decker Bull				4. DATE OF DEATH Month Day Year June 25, 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-17-1871		9. AGE (last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Ret'd		11. BIRTHPLACE (City and state or country) Melrose, Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
13a. FATHER'S NAME George M. Bull			13b. MOTHER'S MAIDEN NAME Elizabeth Ramsay			14. NAME OF HUSBAND OR WIFE Mary E. Bull			
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 Address Don Bull, Carthage, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ischemic Neurosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 4 days 6 hrs.		
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"/> N- <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour s.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	
21. I attended the deceased from Jan 1960 to June 25-60 and last saw him ^{her} alive on 6/25/60 Death occurred at 11:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Everleigh M. D.			22b. ADDRESS 7000 Celia, Mo			22c. DATE SIGNED 7-1-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-28-60		23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		23d. LOCATION (City, town, or county) Jasper Co., Mo.		(State)	
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 7-7-1960		26. REGISTRAR'S SIGNATURE Novie Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Edwin S. Shouse*

Licensed Embalmer No. 495

P. O. Address *Pathway*

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.