

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037791

FILED VS NOV 9 1960

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 164 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b 2 Days	c. CITY OR TOWN Kansas City No.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8240 N. Holmes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oba Middle Bullock Last Bullock			4. DATE OF DEATH October 24, 1960			
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-11-75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Platte Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Bullock		13b. MOTHER'S MAIDEN NAME Laura Brown		14. NAME OF HUSBAND OR WIFE Mamie Bullock		
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. 490-42-7056A	17. INFORMANT Lula Mae Asher		Address 8240 N. Holmes Kansas City, 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) Acute Anterior Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Arteriosclerotic Heart Disease Chronic Brain Syndrome 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.)			
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	
21. I attended the deceased from <u>10/24/60</u> to <u>10/24/60</u> and last saw him alive on <u>10/24/60</u> Death occurred at <u>1:40 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Albert G. Lewis Jr MD			22b. ADDRESS Smithville Mo.		22c. DATE SIGNED 10/26/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-26-60	23c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery	23d. LOCATION (City, town, or county) (State) Platte Co, Missouri			
24. FUNERAL DIRECTOR McComas Funeral Home		Address Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 10-26-60	26. REGISTRAR'S SIGNATURE Marguerite Hudgens		

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 Donald W. Harker

Licensed Embalmer No. 4528

P. O. Address Smithville, Va

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.