

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002481

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

207

Primary Registration District No.

Registrar's No.

7

FILED FEB 15 1963

## 1. PLACE OF DEATH

a. COUNTY **Maries**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Johnson Twp**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **None**

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Maries**c. CITY  
OR  
TOWN **St. James  
Johnson Twp**Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS (If outside, give location)**Maries Co Johnson Twp** Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
**Thomas Alfred Bullock**4. DATE  
OF  
DEATH Month Day Year  
**January 31, 1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**10-18-1887 75**

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)**Labor**

10b. KIND OF BUSINESS OR INDUSTRY

**None**

11. BIRTHPLACE (City and state or country)

**Safe, Missouri**

12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**James B. Bullock**

## 13b. MOTHER'S MAIDEN NAME

**Rachel Morris**

## 14. NAME OF HUSBAND OR WIFE

**none**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**yes****WW I**

## 16. SOCIAL SECURITY NO.

**unknown**

## 17. INFORMANT

**Mrs. Alva Terrill, St. James, Misso**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Presumed to be Natural Causes**INTERVAL BETWEEN  
ONSET AND DEATH**?**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**(Coroner of Maries County notified)**

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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

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. Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

**Feb 1, 1963**

## 24. FUNERAL DIRECTOR

**200 St. James, Mo.**

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**Jesse Hahn****Feb 1, 1963****Margie Hutchison**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10630

20630

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97954

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90-8

1-0

MAR 20 1963

**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 \_\_\_\_\_

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.