

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023115

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 4026 Registrar's No. 77

FILED JUL 12 1963

1. PLACE OF DEATH
 a. COUNTY Barry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Purdy Length of stay in lb 4 mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Barry
 c. CITY OR TOWN Purdy Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last James Leroy Bullington
 4. DATE OF DEATH Month Day Year July 2 - 1963
 5. SEX Male COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Jan 4 - 1891 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. 72
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Purdy Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Marcus Bullington 13b. MOTHER'S MAIDEN NAME Sarah Call 14. NAME OF HUSBAND OR WIFE Corda Bullington
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs Corda Bullington, Purdy 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 Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 15 min
 DUE TO (b) Due to Coronary Occlusion 30 min
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Due to Cardio-vascular renal Syndrome and Diabetes mellitus indef
 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 Unknown

19. 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. p.m. Month, Day, Year

20d. 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 June 7, 1963 to July 2, 1963 and last saw him alive on July 2, 1963
 Death occurred at 9:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not use title) Ermit Stovall 22b. ADDRESS Purdy, Mo. 22c. DATE SIGNED 7/2/63
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 4 - 1963 23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery 23d. LOCATION (City, town, or county) (State) Diamond Mo.

24. FUNERAL DIRECTOR ADDRESS Bennett-Wormington, Monett Mo. 25. DATE RECD. BY LOCAL REG. 7-4-63 26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0050

2 0050

3 2

4 0

5 1

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7 0

8 2

9 4201

10

11

12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

JUL 12 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 *Gordon Bennett*

Licensed Embalmer No. 4213
P. O. Address Monett, 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.