

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16956**

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 1223		
1. PLACE OF DEATH a. COUNTY RIPLEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Gatewood township				
d. FULL NAME OF HOSPITAL OR INSTITUTION. 305 WASHINGTON ST.				d. STREET ADDRESS (If rural, give location) 17 miles west of Doniphan.				
3. NAME OF DECEASED (Type or Print) a. (First) LESSIE			b. (Middle) GERTRUDE		c. (Last) PULLIAM		4. DATE OF DEATH (Month) (Day) (Year) 4 - 5 - 1949	
5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-20-1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 15	IF UNDER 24 HRS. Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DALTON ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J.A. BAKER			13b. MOTHER'S MAIDEN NAME FANNIE MARTIN		14. NAME OF HUSBAND OR WIFE WILLIAM PULLIAM			
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. NONE	17. INFORMANT'S SIGNATURE OR NAME DALEY PULLIAM - Doniphan, Mo.					ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Probl.						INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) D		21d. (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to April 5, 1949 , that I last saw the deceased alive on April 5, 1949 , and that death occurred at 11:45 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE Clifford Jofort m.d. (Degree or title)				23b. ADDRESS Doniphan Mo.		23c. DATE SIGNED 4-18-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-8-1949	24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery		24d. LOCATION (City, town, or county) (State) Doniphan Mo.			
DATE REC'D BY LOCAL REG. 4-19-49		REGISTRAR'S SIGNATURE E. B. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Edwards ADDRESS Doniphan Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.4891
B

RECEIVED 5/7/49
District Health Officer No. 5,
District File Number 549369
Date Filed 5/28/49

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.

Signed Carl B Bird

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Bonifon, 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 this body is not embalmed, fact should be so stated above.