

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22993**
Registrar's No. **60**

52

3009

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) Jackson		c. LENGTH OF STAY (In this place) 10 years		c. CITY (If outside corporate limits, write RURAL and give township) Jackson		0161			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) _____		c. (Last) Puls		4. DATE OF DEATH (Month) (Day) (Year) July 11 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 9 1872		9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank President			10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (State or foreign country) Pilot Knob, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Adrian Puls			13b. MOTHER'S MAIDEN NAME Annie Behrens			14. NAME OF HUSBAND OR WIFE Addie Russell Puls			
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. 489-03-2804		17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Puls		ADDRESS Jackson Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 17 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus				10 yrs +	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				210X	
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) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6-24, 1950 , to 7-11, 1950 , that I last saw the deceased alive on 7-10, 1950 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C.F. McDonald, M.D.				23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 7-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-13-50	24c. NAME OF CEMETERY OR CREMATORY Russell Heights		24d. LOCATION (City, town, or county) (State) Jackson Mo.				
DATE REC'D BY LOCAL REG. July 11 1950		REGISTRAR'S SIGNATURE D. S. Lister		FUNERAL DIRECTOR'S SIGNATURE McDonald Funeral Co		ADDRESS Jackson Mo.			

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

0161

RECEIVED JUL 17 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

DEC 22 1958

JAN 21 1959

DEC 16 1958

AUG 5 1958

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
Student Embalmer

Signed *Thos R Allen*

Licensed Embalmer No. *40555*

P. O. Address *Jackson, 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.