

FILED MAY 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12025

BIRTH NO. _____		REG. DIST. NO. <sup>83</sup> 2-2-2		PRIMARY REG. DIST. NO. 4333		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Moniteau		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Moniteau			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles N.E. East Tipton				d. STREET ADDRESS (If rural, give location) 7 Miles N.E. Tipton 027			
3. NAME OF DECEASED (Type or Print) a. (First) Aetna Lawrence Pulley			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 21, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/12/1878		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carlos Pulley			13b. MOTHER'S MAIDEN NAME Susan Kavanaugh		14. NAME OF HUSBAND OR WIFE Lela Pulley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lela Pulley, Clarksburg, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sunshot Wound, self inflicted</i>					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
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) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm (outhouse)</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Rural - South Moniteau</i>			
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 <i>April 14, 1948</i> , to <i>April 21, 1951</i> , that I last saw the deceased alive on <i>April 19, 1951</i> , and that death occurred at <i>3:00 p. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>C. L. Lullist, M.D.</i>				23b. ADDRESS <i>Tipton, Mo</i>		23c. DATE SIGNED <i>4-23-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/24/1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Tipton, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>4/30/51</i>		REGISTRAR'S SIGNATURE <i>Shirley B. Douglas, Registrar</i>		FUNERAL DIRECTOR'S SIGNATURE <i>James E. Richards</i>		ADDRESS <i>Tipton, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-2-51 \_\_\_\_\_

REC'D  
MAY 1 1951

REC'D  
MAY 2 1951

**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 James E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Dipton, 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.