

FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40801

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1281

1. PLACE OF DEATH  
a. COUNTY Buchanan 0110  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp. 2115  
c. LENGTH OF STAY (In this place) 2 Yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3 St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp. 2115  
d. STREET ADDRESS (If rural, give location) Route 3 St Joseph

3. NAME OF DECEASED  
a. (First) William b. (Middle) Newton c. (Last) Pulley  
(Type or Print)

4. DATE OF DEATH Dec. 14, 1951  
(Month) (Day) (Year)

5. SEX Male 11 White  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 4

8. DATE OF BIRTH Feb. 24, 1865

9. AGE (In years last birthday) 86  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 10 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer (2)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Nodaway Co. Mo. (D)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Newton D. Pulley

13b. MOTHER'S MAIDEN NAME Catherine V. Dunlap

14. NAME OF HUSBAND OR WIFE Mary

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 ADDRESS Grover L. Pulley St Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerosis  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Tension  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 years  
15 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 447X

20. AUTOPSY? YES  NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1951, to Dec 14, 1951, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE John L. Swails D.M.B. (Degree or title)

23b. ADDRESS Wathena, Kansas

23c. DATE SIGNED 12-15-1951

24a. BURIAL, CREMATION REMOVAL (Specify) Burial

24b. DATE 12-16-51

24c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery

24d. LOCATION (City, town, or county) Buchanan Co. Mo.

DATE REC'D BY LOCAL REG. Dec. 17, 1951

REGISTRAR'S SIGNATURE Carl C. Casady 446

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenbinder 1802 Union St

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

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....  
*Robert D. Apple*

Licensed Embalmer No. 3308

P. O. Address. St. Joseph, 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.