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

FILED SEP 12 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 29110

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 312

**1. PLACE OF DEATH**
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan
c. LENGTH OF STAY (in this place): 69 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 307 Second St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan 0910
d. STREET ADDRESS (If rural, give location): 307 Sec ond St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Cora
b. (Middle): Virginia
c. (Last): Pulliam

**4. DATE OF DEATH** (Month) (Day) (Year): August 16, 1952

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: April 29, 1872
**9. AGE** (In years last birthday): 80
If under 1 year: Months 2 Days 18
If under 1 hr.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (State or foreign country): Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Isaac W. Towell
**13b. MOTHER'S MAIDEN NAME**: Virginia Walters
**14. NAME OF HUSBAND OR WIFE**: T.L.Pulliam

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Maude Delcour ADDRESS: Dexter, 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) Edema Pertaining — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Brain Hemorrhage with
DUE TO (c) Paralysis for 2 years

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**: 352 X
**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) m.
**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* 1-1-, 1951, *to* 8-18-, 1952 *that I last saw the deceased alive on* 8-14-, 1952, *and that death occurred at* 5:40 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** J. Edw. Adamson (Degree or title) M.D.
**23b. ADDRESS** Doniphan Missouri
**23c. DATE SIGNED** 8-19-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8-18-1952
**24c. NAME OF CEMETERY OR CREMATORY**: Doniphan Cemetery
**24d. LOCATION** (City, town, or county) (State): Doniphan, Mo.

DATE REC'D BY LOCAL REG.: 8-22-52
REGISTRAR'S SIGNATURE: C.D. Johnston
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mrs. L.W. Edwards ADDRESS: Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 George A. Kerfey

Licensed Embalmer No. 4752

P. O. Address Doniphan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.