

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

581

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>			c. LENGTH OF STAY (in this place) <u>4 da.</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>Rural-Trimble, Mo.</u> <u>0259</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth Frances Pulliam</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1/21/1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 26, 1896</u>		
9. AGE (In years last birthday) <u>58</u>			if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Gilbert Dick</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Able</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. W. Pulliam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-26-7701</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. W. Pulliam Edgerton, Mo.</u>				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				<u>4 days</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A.S. heart disease</u> <u>many yrs.</u>								
DUE TO (c) <u>Myocardema</u> <u>many yrs.</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Irreversible Shock</u> <u>3 days</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>253 X</u>				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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Nov.</u> , 19 <u>55</u> to <u>1-21</u> , 19 <u>55</u> that I last saw the deceased alive on <u>1-21</u> , 19 <u>55</u> , and that death occurred at <u>10:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Suckewald, MD</u>				23b. ADDRESS <u>Edgerton, Mo.</u>		23c. DATE SIGNED <u>1-27-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/23/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridgley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edgerton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-23-55</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgins</u> <u>444</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kollins-Hack</u>		ADDRESS <u>Edgerton, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
0.48

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.....
Signature of Student Embalmer

Signed *H. L. Roy Mooney*.....

Licensed Embalmer No. 42.....

P. O. Address *K.P. Mooney*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.