

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

**6957**

State File No. ....

FILED MAR 4 1955

BIRTH NO. 12207-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Scott</u> <span style="float:right">0</span>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>9 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand</u> <span style="float:right">06710</span>	
		d. STREET ADDRESS (If rural, give location) <u>----</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ricky</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>Pulliam</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 12 1955</u>
5. SEX <u>Male</u> <span style="float:right">0</span>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> <span style="float:right">0</span>	8. DATE OF BIRTH <u>2-9-1955</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	9. AGE (In years last birthday) <u>---</u> # UNDER 1 YEAR <u>---</u> # UNDER 1 MONTH <u>---</u> # UNDER 1 DAY <u>---</u> # UNDER 1 HOUR <u>---</u> # UNDER 1 MIN. <u>---</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u> <span style="float:right">0</span>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Paul David Pulliam</u>	13b. MOTHER'S MAIDEN NAME <u>Nadine Mildred Vanpool</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u> (If yes, give war or dates of service) <u>0</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nadine Pulliam, Bertrand, Mo.</u> ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Birth Injury of brain</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Malaria)</u> DUE TO (c) <u>Cephalhematoma</u>		
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 <u>76/0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 2-9-1955 to 2-12-1955 that I last saw the deceased alive on 2-12-1955, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas C. McClure</u> <span style="float:right">429 (Degree or title)</span>	23b. ADDRESS <u>Sikeston, Missouri</u>	23c. DATE SIGNED <u>2-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>	24b. DATE <u>2-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VAL GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>CHARLESTON, (MISS) MO</u>
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DATE REC'D BY LOCAL REG. <u>2-29-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Gene Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. ...</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48

FEB 28 1955

DATE RECEIVED \_\_\_\_\_

SCOTT CO. HEALTH DEPT.

CO. FILE No. 255-43

**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 J. E. G. McMillan  
Licensed Embalmer No. 4695

P. O. Address E. Linnell, 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.