

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13027**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>BONNE TERRE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OR HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>518 PINE ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM MONTA PULLEN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH (last birthday) <u>FEB. 15, 1910</u>	9. AGE (In years) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER EXTRAGANS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. ILL. R. ROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>EDWARD PULLEN</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH ANN BLANTON</u>	14. NAME OF HUSBAND OR WIFE <u>ROSE PULLEN</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498-10-455</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BESSIE LEE PULLEN</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <u>BONNE TERRE Mo</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subarachnoid hemorrhage or ruptured aneurysm.</u>		<u>?</u>
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)	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)	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 May 2, 1955, to May 2, 1955, that I last saw the deceased alive on May 2, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Taylor</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bonne Terre, Missouri</u>	23c. DATE SIGNED <u>5/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>R-1 BONNE TERRE Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 3, 1955</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Penhaugh</u>	ADDRESS <u>BONNE TERRE Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

MISSOURI

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 *E. J. Claywell*.....

Licensed Embalmer No. *370*

P. O. Address *Bonne Terre*

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.