No. 300
10.48

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

FILED AUG 29 1955

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

State File No. 25627

BIRTH NO. _____ REG. DIST. NO. 79 PRIMARY REG. DIST. NO. 5291 Registrar's No. 71

**1. PLACE OF DEATH**
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Twnsp.
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 4.2 miles E. of Liberty, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clinton
c. CITY OR TOWN: Trimble
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): R. 250

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

**4. DATE OF DEATH** (Month) Aug (Day) 17 (Year) 1955

**5. SEX**: Male **6. COLOR OR RACE**: White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed **8. DATE OF BIRTH**: Mar. 1, 1870 **9. AGE** (In years last birthday): 85 IF UNDER 1 YEAR: Months 5 Days 16 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY**: General **11. BIRTHPLACE** (City and State or Foreign Country): Clinton Co., Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph W. Pulliam **13b. MOTHER'S MAIDEN NAME**: Mary Elizabeth Cook **14. NAME OF HUSBAND OR WIFE**: May C. Johnson Deceased

**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**: J.W. Pulliam **ADDRESS**: Liberty Mo. Route 1.

**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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) 782H

II. OTHER SIGNIFICANT CONDITIONS, *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

**19a. DATE OF OPERATION** **19b. MAJOR FINDINGS OF OPERATION** **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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** O.L. Pate (Degree or title) M.D. (Coroner) **23b. ADDRESS** North Kansas City, Mo. **23c. DATE SIGNED** 8/19/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial **24b. DATE**: 8-19-55 **24c. NAME OF CEMETERY OR CREMATORY**: Stony Point Cem. **24d. LOCATION** (City, town, or county): Clinton Co. (State): Mo.

DATE REC'D BY LOCAL REG.: Aug. 20, 1955 REGISTRAR'S SIGNATURE: Mabel Grahams 491 **25. FUNERAL DIRECTOR'S SIGNATURE**: Milomas Funeral Home **ADDRESS**: Smithville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 22 1955
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. S. A. McCowan

Licensed Embalmer No. 23

P. O. Address Smithvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.