

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40518**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5082 Registrar's No. 165-

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Rural-Grand River Twp		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		e. STREET ADDRESS (If rural, give location) Rural-Grand River Twp. 00700	

3. NAME OF DECEASED (Type or Print) a. (First) Fannie	b. (Middle) Lee	c. (Last) Pulliam	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 17, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 27 Hours 27 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hwfe	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pettus County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Simeon C. Lewis	13b. MOTHER'S MAIDEN NAME Mary E. Middleton	14. NAME OF HUSBAND OR WIFE Joseph Martin Pulliam
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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.	17. INFORMANT'S SIGNATURE OR NAME J. S. Pulliam, Adrian, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 to 7 Days 2 yrs. 15 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Bronchitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pneumonia DUE TO (c) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Dec 7, 1956 to Dec 14, 1956, that I last saw the deceased alive on Dec 17, 1956, and that death occurred at 10:30A, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carter W. Luter M.D.	23b. ADDRESS Bates Mo	23c. DATE SIGNED 12/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-17-56	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	24d. LOCATION (City, town, or county) (State) Adrian, Mo.
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DATE REC'D BY LOCAL REG. Dec. 18-56	REGISTRAR'S SIGNATURE Nindall Horsy	25. FUNERAL DIRECTOR'S SIGNATURE L. J. Funeral Service	ADDRESS Adrian Mo.
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MAY 23 1957

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..... 

Licensed Embalmer No...3650..

P. O. Address Adrian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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