Dept. Health, Soc., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43563
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1362

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3211 Gene Field Road — Length of stay in Ib: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3211 Gene Field Rd — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Theodore Middle: Forest Last: Pulley

4. DATE OF DEATH Month Day Year: December 9, 1957.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: June 29, 1897

9. AGE (In years last birthday): 60 — 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): Yard Foreman

10b. KIND OF BUSINESS OR INDUSTRY: St. Joseph Lumber Co.

11. BIRTHPLACE (City and state or country): St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Price Pulley

13b. MOTHER'S MAIDEN NAME: Dee Likens

14. NAME OF HUSBAND OR WIFE: Della May Pulley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #1.

16. SOCIAL SECURITY NO.: 491-09-0140

17. INFORMANT: Mrs. Della May Pulley Address: St. Joseph, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia and th — INTERVAL BETWEEN ONSET AND DEATH: months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic pyelonephritis and obstructive uropathy — years
DUE TO (c): 6000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Secondary hypertension with enlarged heart, congestive failure, recurrent anemia due to kidney failure.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/25/57, to 12/6/57 and last saw her/him alive on 12/6/57
Death occurred at 12:45 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Caryl A. Potter Jr. M.D.
22b. ADDRESS: Caryl A. Potter Jr. M. D. Physicians & Surgeons Bldg. St. Joseph, Mo.
22c. DATE SIGNED: 12/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 11, 1957.
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman, Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 17, 1957
26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.