

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017001

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State School</u>		Length of stay in lb <u>9 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>2030 N. Rogers</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ruth</u> Middle <u>Virginia</u> Last <u>Pulliam</u>				4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-12-1932</u>		9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Payment in Institution</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School for Feeble Minded</u>		11. BIRTHPLACE (City and state or country) <u>Birch Tree, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Ollie D. Pulliam</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Lee Hood</u>		14. NAME OF HUSBAND OR WIFE <u>----</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mo. State School Records, Marshall, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration pneumonitis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Purulent pharyngitis</u>						<u>6 days</u>		
DUE TO (c) <u>Tonsilectomy, adenoidectomy</u>						<u>8 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized spasticity, including pharyngeal muscles congenital</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-----</u>					
20c. TIME OF INJURY Hour <u>-----</u> Month <u>-----</u> Day <u>-----</u> Year <u>-----</u> a.m. <u>-----</u> p.m. <u>-----</u>			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>		20f. CITY, TOWN, OR LOCATION <u>-----</u>		COUNTY <u>-----</u>		STATE <u>-----</u>		
21. I attended the deceased from <u>1956</u> to <u>5/2/58</u> and last saw her alive on <u>5/2/58</u> Death occurred at <u>2:50 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Marvin E. Poche M.D.</u>				22b. ADDRESS <u>Marshall Mo</u>		22c. DATE SIGNED <u>5/3/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 5th 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Birch Tree cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Birch Tree Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Campbell-Lewis, Marshall Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-5-58</u>		26. REGISTRAR'S SIGNATURE <u>Cecil L. Read</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *James H. Lewis*

Licensed Embalmer No. *4789*

P. O. Address *Marshall, 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.