

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012284

FILED VS APR 5 1960

Registration District No. 316 Primary Registration District No. Registrar's No. 134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantwell		c. CITY OR TOWN Cantwell	
Length of stay in lb 7 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) At Home	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Franklin Everett Pulliam			4. DATE OF DEATH Month Day Year March 25, 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 4, 1897 - 63	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City, state and country) Ste. Genevieve Co, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME David Pulliam	13b. MOTHER'S MAIDEN NAME Octavia Davenport	14. NAME OF HUSBAND OR WIFE Myrtle (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497 10 3766	17. INFORMANT Mrs. David Pulliam, Cantwell, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Coronary Insufficiency - 30 MIN		INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (b) Arterio-sclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Jan 10 - 1959 to March 25, 1960 and last saw him alive on 3-21-60 Death occurred at 1230 P on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) J W Zupan DO	22b. ADDRESS Flat River Mo	22c. DATE SIGNED 3/26/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/28/1960	23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo
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24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc.	ADDRESS Desloge, Mo	25. DATE RECD. BY LOCAL REG. Mar 28, 1960	26. REGISTRAR'S SIGNATURE Cather Redloff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Burlin T. Boyer, Jr., Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer Sr.

Licensed Embalmer No. 3660

P. O. Address Dealeys

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