

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

60-016483

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 4447 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Lee</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Henrietta</u>		Length of stay in 1b <u>45 min.</u>		c. CITY OR TOWN <u>Fort Madison</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>Santa Fe Depot</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>54 Florence Drive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Ernest</u> Last <u>Pulis</u>				4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-27-1901</u>		9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bridges, Bldgs.</u>			11. BIRTHPLACE (City and state or country) <u>Baring, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>John William Pulis</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Mauck</u>				14. NAME OF HUSBAND OR WIFE <u>Bessie L. Pettit</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>709-18-7815</u>		17. INFORMANT Address <u>Bessie L. Pulis, Ft. Madison, Iowa</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>Coronary Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____								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.) _____									
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 _____			
21. I attended the deceased from <u>5-4-60</u> to <u>5-4-60</u> and last saw <u>her</u> him alive on _____ Death occurred at <u>8:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>James Jay</u> (Degree or title)					22b. ADDRESS <u>Richmond</u>					22c. DATE SIGNED <u>5-5-60</u>			
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-4-1960</u>		23c. NAME OF CEMETERY OR CREMATORY _____			23d. LOCATION (City, town, or county) <u>Ft. Madison, Iowa</u>			(State) _____			
24. FUNERAL DIRECTOR <u>Barr Memorial Funeral Home</u> <u>Ft. Madison, Iowa</u>				25. DATE RECD. BY LOCAL REG. <u>5-5-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malul Jackson</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS  
OCT 23 1980  
SR

MAY 18 1980

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474  
P. O. Address Richmond

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.