

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29360

FILED OCT 10 1955

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

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4171 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksdale</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Esta</u> c. (Last) <u>Sale</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 24 - 55</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 13. 1861</u>
9. AGE (In years last birthday) <u>94</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Newton Pulley</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Dunlap</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXX</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>XXXXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Corlas Pulley</u>
		ADDRESS <u>Clarksdale Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Semility</u>		
	DUE TO (c) <u>4222</u>		
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 - 10 55 to 9-24 - 19 55, that I last saw the deceased alive on 9-24, 19 55 and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Dwyer, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Stewartsville Mo.</u>	23c. DATE SIGNED <u>10-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chappel</u>	24d. LOCATION (City, town, or county) (State) <u>8 Mi. N. of Clarksdale Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-8-55</u>	REGISTRAR'S SIGNATURE <u>Roscoe W. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Bran</u>	ADDRESS <u>Maysville Mo.</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Bram

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville 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 this body is not embalmed, fact should be so stated above.