

S. No. 300
V. 10-48

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4295

State File No.

0300

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

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Rural N. Benton</u>		c. CITY OR TOWN <u>Rural N. Benton</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Buffalo, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>Pulley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>April 2-1868</u>
9. AGE (In years last birthday) <u>82</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Pulley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Debra Pulley</u>		ADDRESS <u>Buffalo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardio Renal dis c decomp</u> ANTECEDENT CAUSES <u>Chronic Valvular H.D.C. regressive</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1951</u> , to <u>Feb 10, 1951</u> , that I last saw the deceased alive on <u>Feb 9, 1951</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. H. L. ...</u>		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>2-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Phad</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/24/51</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. B. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. B. ...</u>		ADDRESS <u>Buffalo Mo</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 27 1957

Dist. File 251-430

Date Filed 2-28-57

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
Student Embalmer

Signed

Blyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.