

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19355**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **85**

5043

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| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO 0043 | |
| c. LENGTH OF STAY (in this place) 12 YRS | | d. STREET ADDRESS (If rural, give location) 424 WEST VINE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 424 WEST VINE | | | |

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|---|------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) HAROLD | b. (Middle) RAY | c. (Last) PULIS | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 10, 1951 |
|---|------------------------|------------------------|---|

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|--------------------|-------------------------------|--|-------------------------------------|---|--|--|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH NOV 9, 1938 | 9. AGE (in years last birthday) 12 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|--|-------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) MEXICO, MO | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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|---|---|-----------------------------------|
| 13a. FATHER'S NAME J.R. PULIS | 13b. MOTHER'S MAIDEN NAME EVELYN CAMPBELL | 14. NAME OF HUSBAND OR WIFE _____ |
|---|---|-----------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME J.R. PULIS | ADDRESS MEXICO, MO |
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| 18. CAUSE OF DEATH Enter only the cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 mos. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cwings Sarcema | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 196X | | | |

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| 19a. DATE OF OPERATION Aug 1950 | 19b. MAJOR FINDINGS OF OPERATION Amputation of left arm at shoulder, revealed Cwings Sarcema | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|---|--|---|
| 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"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from **Aug 2, 1950**, to **June 10, 1951**, that I last saw the deceased alive on **June 10, 1951**, and that death occurred at **8:31 pm.**, from the causes and on the date stated above.

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|---|-------------------------|------------------------------------|------------------------------------|
| 23a. SIGNATURE H. G. Swan Sr. | (Degree or title) _____ | 23b. ADDRESS Traders, Mo | 23c. DATE SIGNED 6-11-51 |
|---|-------------------------|------------------------------------|------------------------------------|

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|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 6-12-51 | 24c. NAME OF CEMETERY OR CREMATORY EASTLAWN MEM PARK | 24d. LOCATION (City, town, or county) (State) AUDRAIN COUNTY, MO |
|--|-----------------------------|--|--|

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|---|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. June 12 1951 | REGISTRAR'S SIGNATURE Blanche Neely | 25. GENERAL DIRECTOR'S SIGNATURE Chas. Amelk | ADDRESS Missouri |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JUN 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1092
Date Filed: JUN 18 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Charles J. Greening*
Licensed Embalmer No. 4625
P. O. Address *W. Spica 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.