No. 300
10.48.

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20619

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5614 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Knox County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plevna, Mo.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plevna, Mo. 1570
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): BUCHANNAN
c. (Last): PULSE

4. DATE OF DEATH (Month) (Day) (Year): 6-20-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-23-1857
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR Months: 5 Days: 27 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rtr. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Knox Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James Pulse
13b. MOTHER'S MAIDEN NAME: Melinda Hunt
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Milt Pulse, Plevna, Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

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.

443 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1951, *to* June 20, 1951, *that I last saw the deceased alive on* June 17, 1951, *and that death occurred at* 3:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. D. Wright D.O.
23b. ADDRESS: Leonard Mo.
23c. DATE SIGNED: 6/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-21-1951
24c. NAME OF CEMETERY OR CREMATORY: Hickman Cemty.
24d. LOCATION (City, town, or county) (State): Plevna, Mo.

DATE REC'D BY LOCAL REG.: June 26-1951
REGISTRAR'S SIGNATURE: Nell S. Hunt 151
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: [redacted] 3 0 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1171
Date Filed: JUL 3 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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Philbina - 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.