

STANDARD CERTIFICATE OF DEATH

36661

State File No.

FILED 1951

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>All her life</u>		d. STREET ADDRESS (If rural, give location) <u>Keytesville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>S.W. Part of Keytesville, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janie</u> b. (Middle) <u>-S-</u> c. (Last) <u>Pullum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27th, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May. 1st, 1900</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR (Months) <u>6</u>	IF UNDER 24 HRS. (Hours) (Min.) <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Walker Pullum</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Thomas</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Bentley</u> ADDRESS <u>Keytesville, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal</u> DUE TO (c)		
II. 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 checked="" type="checkbox"/> # <u>442X</u>
------------------------	----------------------------------	--

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 Nov 26, 1951 to Nov 27, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 12:05 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Carl C. Hege</u> (Degree or title) <u>M.A.</u>	23b. ADDRESS <u>Keytesville, Mo.</u>	23c. DATE SIGNED <u>11/29/51</u>
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 1st, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-1-51</u>	REGISTRAR'S SIGNATURE <u>Geo. H. ...</u> 55	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>Keytesville, Mo.</u>
---	---	---

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

258196
JAN 26 1952

DEC 3

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 12-57-
Date Filed:

DEC 5 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 H. R. Gans

Signed.....
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Hayesville 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.