

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3981**

State File No. \_\_\_\_\_

**FILED FEB 25 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 62

<b>1. PLACE OF DEATH</b> a. COUNTY <u>BOONE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RUSH HILL</u> <u>1040</u>	
c. LENGTH OF STAY (in this place) <u>45 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BLISFISCHEL ST. CANCER HOSP</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MERTIS</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>PULIS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-23-1952</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIAGE STATUS</b> <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>9-10-1871</u>	<b>9. AGE</b> (In years last birthday) <u>80</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>13</u>	<b>IF UNDER 1 HR.</b> Hours <u>-</u> Mins. <u>-</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>MEXICO, MISSOURI</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>JASPER T. BROWN</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ELIZABETH TURNER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>STEPHEN A. PULIS</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>HOSPITAL RECORDS</u>	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> Enter only one 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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 yrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hodgkin's Disease</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS:</b> <u>Arteriosclerotic Heart Disease</u> Conditions contributing to the death but not related to the disease or condition causing death.		<u>Unknown</u>

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from** 1-9, 1952, to 2-23, 1952, that I last saw the deceased alive on 2-23, 1952, and that death occurred at 4:47 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Richard E. Johnson, M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Columbia, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-23-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>REMOVED</u>	<b>24b. DATE</b> <u>Feb. 23, 52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>CENTRALIA</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>CENTRALIA, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb. 23 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs R.E. Palmer</u>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>Praet Funeral Home</u>	<b>ADDRESS</b> <u>MEXICO, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
V. 10.48

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PR-21

**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 Ralph P. Fleeston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.