

THE UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

15986

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5074 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Amity, Rural, Sherman</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Amity, Rural Sherman</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi, W, of town</u> <u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home 4, Mi, W, of town</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Francis</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Pulley</u>	5 (Month) - 30 (Day) 52 (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug, 25, 1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>William Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Turnipseed</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Pulley</u> ADDRESS <u>Amity 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Lower Leg</u> <u>Arterio Sclerosis</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>10 Days.</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"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 16, 1952, to May 30, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Reynolds MD</u> (Degree or title)		23b. ADDRESS <u>Amity Mo</u>		23c. DATE SIGNED <u>6-1-52</u>	
---	--	------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharp</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Mo,</u>	
---	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>6-7-52</u>		REGISTRAR'S SIGNATURE <u>Clarence Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Bran</u> ADDRESS <u>Maysville Mo,</u>	
--	--	--	--	--	--

(Licensed Embalmer's Signature on Reverse Side)

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

0320

1

JUN 9

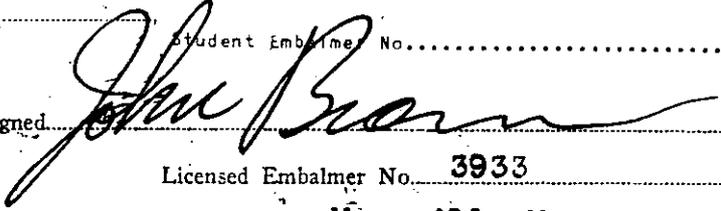
1952

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. 3933

P. O. Address Maysville 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.