

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38117

FILED DEC 5 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5338</u>		Registrar's No. <u>6-1952</u>		
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leasburg, Liberty, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leasburg, Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>1028th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>E</u> c. (Last) <u>Pulver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-9-1895</u>		
9. AGE (in years last birthday) <u>57</u>		10. MONTHS <u>2</u>		11. DAYS <u>20</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>		11. BIRTHPLACE (State or foreign country) <u>Hallatin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Amos R. Pulver</u>			13b. MOTHER'S MAIDEN NAME <u>KEE Ella Sailor</u>		14. NAME OF HUSBAND OR WIFE <u>Amos R. Pulver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes U.S.W.V.</u>		18. SOCIAL SECURITY NO. <u>498-05-2572</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amos R. Pulver</u> ADDRESS <u>Leasburg, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY ARTERY OCCLUSION</u>		DUE TO (b) <u>RHUMATIC HEART DISEASE</u>					<u>15 MINUTES</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>STREPTOCOCCAL HYPERSENSITIVITY</u>					<u>15 YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARCINOMA OF RECTUM WITH COLOSTOMY</u>							<u>15 YEARS</u>	
19a. DATE OF OPERATION <u>30 SEPT 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF RECTUM WITH METASTASES 4/6 X H</u>					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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:10 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard T. Walden M.D.</u>				23b. ADDRESS <u>Leasburg, Mo.</u>		23c. DATE SIGNED <u>Nov 30-1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leasburg</u>		24d. LOCATION (City, town, or county) (State) <u>Leasburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 30 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. G. Davis, Deputy Registrar</u>		372-8 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard T. Walden</u>		ADDRESS <u>Leasburg, Mo.</u>		

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

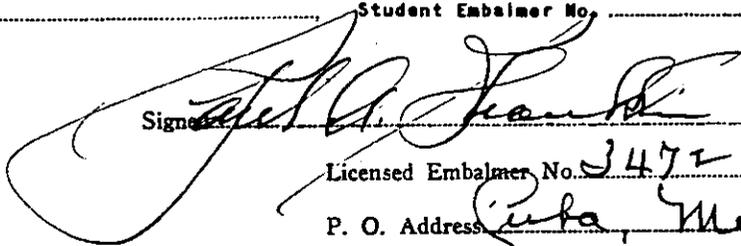
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STATEMENT BY LICENSED EMBALMER

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  .....  
Licensed Embalmer No. 3472  
P. O. Address Cuba, 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.