

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8628

State File No.

FILED APR 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>118</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gorin</u>		0990			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>G.</u> b. (Middle) <u>R.</u> c. (Last) <u>PULLIAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26 1953</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>April 29 1868</u>			
9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 YEAR (Months) <u>10</u>		11. UNDER 24 HRS. (Days) <u>27</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>George P Pulliam</u>			13b. MOTHER'S MAIDEN NAME <u>Maryann Schacht</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie M Pulliam</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vaughn Pulliam</u>				ADDRESS <u>Kirkville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spastic coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>25 min.</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. <u>Ulcerative colitis</u> <u>4201</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>3-22</u> , 19 <u>53</u> , to <u>3-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-26</u> , 19 <u>53</u> , and that death occurred at <u>9:40 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul Hanger Jr</u>			(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>4-1-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 29 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gorin cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gorin Mo</u>				
DATE REC'D BY LOCAL REG. <u>4-2-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Bushett</u>			ADDRESS <u>Memphis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.