

FILED JAN 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14025

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>BONNE TERRE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 N. PINE ST</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>518 N. PINE ST</u>		044/0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>PULLEN</u> c. (Last) <u>PULLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 25 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov. 27, 1956</u>
9. AGE (In years last birthday) <u>97</u> Months <u>0</u> Days <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>WILLIAM BLANTON</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY ANN BLANTON</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD PULLEN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MONTE PULLEN</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.		19. ADDRESS <u>BONNE TERRE 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 yr	

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) <u>331 X</u>
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 Dec 18, 1953 to 12-26, 1953, that I last saw the deceased alive on 12-24, 1953 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Evans</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Bonne Terre Mo</u>	23c. DATE SIGNED <u>12-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 27 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 30, 1953</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard J. ...</u>	ADDRESS <u>Bonne Terre Mo</u>
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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.....
Signature of Student Embalmer

Signed *C. J. Claywell*.....
Licensed Embalmer No. *3706*
P. O. Address *Carroll, Iowa*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.