

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18041**

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

2

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 704	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 4 yr. 5 mo.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2				e. STREET ADDRESS (If rural, give location) 619 W. 13th			
3. NAME OF DECEASED a. (First) RALPH ALLEN		b. (Middle) _____		c. (Last) PULLIAM and/or JACK COOPER		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 3, 1901	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 4		IF UNDER 1 HR. Days 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Pulliam		13b. MOTHER'S MAIDEN NAME Lelia B. Finley		14. NAME OF HUSBAND OR WIFE Beatrice Pulliam			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Pulliam-1642 Jefferson-Kansas City,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Missouri				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Meningo Encephalitis		ANTECEDENT CAUSES DUE TO (b) Syphilis				Jan. 1 to July 4, 1954	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				Jan. 1 to July 4, 1954	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 025X	
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 Jan. 1 , 19 54 , to July 4 , 19 54 that I last saw the deceased alive on July 4 , 1954, and that death occurred at 12:40P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deedee or title) Forrest Thomas M.D.				23b. ADDRESS St. Joseph, Mo. - State Hosp. #2		23c. DATE SIGNED 7-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-10-1954		24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. July 9, 1954		REGISTRAR'S SIGNATURE Ethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman		ADDRESS St. Joseph, Mo.	

AUG 17 1938

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 *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 L 10th St. Jr.*.....

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.