

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23685**

FILED JUL 29 1954

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 218			
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Pike					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 2 DYS.		c. CITY OR TOWN New Canton		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 St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) 812⁰g					
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD			b. (Middle)		c. (Last) Pulliam		4. DATE OF DEATH (Month) (Day) (Year) July 16-1954		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3/22/1893		9. AGE (in years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New Canton, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME James Pulliam			13b. MOTHER'S MAIDEN NAME SARAH BRAMME			14. NAME OF HUSBAND OR WIFE Mrs. Olive Pulliam			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 338-20-8074X		17. INFORMANT'S SIGNATURE OR NAME Olive Pulliam				ADDRESS New Canton, Ill. No. 6	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 days	
				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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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 7/18/54 , 19 54 , to 7/157 , 19 _____, that I last saw the deceased alive on 7/157 , 19 54 , and that death occurred at 8:50 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Richard Lanning M.D.				23b. ADDRESS Hannibal, Mo			23c. DATE SIGNED 7/19/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Shearer Cem		24d. LOCATION (City, town, or county) (State) New Canton Illinois			
DATE REC'D BY LOCAL REG. 7/21/54		REGISTRAR'S SIGNATURE N.E.M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE H. M. O'Donnell		ADDRESS Hannibal Mo			

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

RECEIVED ~~JUL 23 1954~~
MARION CO. HEALTH DEPT.
DATE FILED JUL 23 1954

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..... *H. M. O'Connell*

Licensed Embalmer No. *386*

P. O. Address..... *Hann*

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.