

No. 300  
10-48

FILED JAN 3 1955

# STANDARD CERTIFICATE OF DEATH

40544

State File No. ....

BIRTH NO. .... REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>	c. CITY OR TOWN <u>Doniphan</u> 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		e. STREET ADDRESS (If rural, give location) <u>0350</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Flora</u>	b. (Middle) <u>Temple</u>	c. (Last) <u>Pulliam</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1954</u>
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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>Dec. 14, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Samuel Harman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Grinstead</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis B. Pulliam</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-22-7405</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam W. Pulliam, Hornersville, Missouri</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis in myocardium</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 19, 1954, to Nov 20, 1954 that I last saw the deceased alive on Nov. 20, 1954, and that death occurred at 104 m., from the causes and on the date stated above.

23a. SIGNATURE <u>George J. P... ..</u> (Degree or title)	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>11/22/54</u>
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24a. BURIAL, CREMATION REMOVAL <u>Burial</u>	24b. DATE <u>Nov. 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-4-54</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschong</u>	586-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Measor, Doniphan, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUR

DEPARTMENT ...12-29

COUNTY FILE NUMBER 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ray Means*.....

Licensed Embalmer No. *2742*

P. O. Address *Donipha*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.