

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43526**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6033** Registrar's No. **598**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Galena & Maple		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (in this place) life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tucker Community			
e. STREET ADDRESS (If rural, give location) Tucker Community			

3. NAME OF DECEASED (Type or Print)	a. (First) SIMON	b. (Middle) DAVID	c. (Last) PULLIAM	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 31, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Ripley County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Johnathan Pulliam	13b. MOTHER'S MAIDEN NAME Sarah C. Johnson	14. NAME OF HUSBAND OR WIFE Nora Pulliam
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Nora Pulliam	ADDRESS Ducker, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____		10 year
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	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) (Min.)	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 **Apr 27, 1954**, to **12/25, 1955**, that I last saw the deceased alive on **12-1, 1955**, and that death occurred at **5:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Johnson M.D.	(Degree or title)	23b. ADDRESS Doniphan Mo	23c. DATE SIGNED 12-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/28/1955	24c. NAME OF CEMETERY OR CREMATORY Tucker Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County, Missouri
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DATE REC'D BY LOCAL REG. 2-25-56	REGISTRAR'S SIGNATURE E.R. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Edwards Funeral Home	ADDRESS Doniphan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0910

0910

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 *Gene Harrent*.....

Licensed Embalmer No. *488*.....
P. O. Address *Donipha*.....

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.