S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

State File No. 30102

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5221 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DAYTON TWP.
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HIS HOME IN DAYTON, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CASS
c. CITY OR TOWN: DAYTON TOWNSHIP
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): DAYTON, MISSOURI

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3. NAME OF DECEASED (Type or Print)
a. (First): LEONIDAS
b. (Middle): BATES
c. (Last): PULLIAM

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 25-1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 19, 1880
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): DAYTON, CASS CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: AGUSTAS SANDRAGE PULLIAM
13b. MOTHER'S MAIDEN NAME: ADALINE PRIDDY
14. NAME OF HUSBAND OR WIFE: ANNA LEE PULLIAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. ANNA LEE PULLIAM GARDEN CITY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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: 9/12/55
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach 151X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7, 1952, *to* 9/25, 1956, *that I last saw the deceased alive on* 9/24, 1956, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard Ellis M.D.
23b. ADDRESS: Garden City
23c. DATE SIGNED: 9/27/58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-28-56
24c. NAME OF CEMETERY OR CREMATORY: GARDEN CITY Cemetery
24d. LOCATION (City, town, or county) (State): GARDEN CITY, MISSOURI

DATE REC'D BY LOCAL REG.: September 28, 1956
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Atkinson-Dickey Garden City, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

457
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RECEIVED
OCT 1 1956
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert Atkinson

Licensed Embalmer No. 490

P. O. Address Hannonville

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