

FILED DEC 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42497

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Centralia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCormick Hosp.</b>		Length of stay in lb <b>3 days</b>	d. STREET ADDRESS <b>N. Columbia</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Coræ</b> Middle <b>Ella</b> Last <b>Pulis</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>17</b> Year <b>1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 19, 1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Henry Simcoe</b>			14. MOTHER'S MAIDEN NAME <b>Louisa Marshall</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address <b>Fay Pulis, Columbia, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<b>14 hrs</b>
DUE TO (b) <b>Uremia</b>					<b>5 1/2 Days</b>
DUE TO (c) <b>Corinary Insufficiency 4/201</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Cardio Renal Hypertensive Syndrome - years</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <b>S</b>			
20c. TIME OF INJURY Hour <b>11</b> Month, Day, Year a. m. <b>12-17-56</b> p. m.					
20d. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>S</b>		20f. CITY, TOWN, OR LOCATION <b>Centralia</b> COUNTY <b>Boone</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>June 3 1899</b> to <b>12-17-56</b> and last saw her alive on <b>12-17-56</b> Death occurred at <b>12:25 noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. Baker DO</b> (Degree or title)			22b. ADDRESS <b>Centralia Mo</b>		22c. DATE SIGNED <b>12-18-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 19, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City of Centralia</b>		23d. LOCATION (City, town, or county) (State) <b>Centralia Missouri</b>
24. FUNERAL DIRECTOR <b>Bill J. Meador Centralia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-56</b>		26. REGISTRAR'S SIGNATURE <b>Carroll</b>	

(Licensed Embalmer's Statement on Reverse Side)

300  
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Richard Arthur Norton, Student Embalmer No. 54 working under my personal supervision.

Student Richard A. Norton  
Signature of Student Embalmer

Signed Bill E. Meador

Licensed Embalmer No. ....48

P. O. Address Centralia

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