

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16619**

FILED JUN 5 1957

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5373** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY DeKalb ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville		c. CITY OR TOWN Maysville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS 0320 (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION In Amity Cemetary			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) D.	c. (Last) Pulley	4. DATE OF DEATH (Month) (Day) (Year) 5 - 23 - 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July, 4, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	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 Farm	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Pulley	13b. MOTHER'S MAIDEN NAME Jane Gibson	14. NAME OF HUSBAND OR WIFE none
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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. 493-18-8490	17. INFORMANT'S SIGNATURE OR NAME Clyde Christian ADDRESS Maysville Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gunshot wound		INTERVAL BETWEEN ONSET AND DEATH Instant
	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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in Amity cemetary	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Amity Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 25 - 57 4P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Beorn Coroner 3	23b. ADDRESS Maysville Mo	23c. DATE SIGNED 5-27-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-28-57	24c. NAME OF CEMETERY OR CREMATORY Amity	24d. LOCATION (City, town, or county) (State) Amity Mo
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DATE REC'D BY LOCAL REG. 5-31-57	REGISTRAR'S SIGNATURE Leacoe Durbinson	25. FUNERAL DIRECTOR'S SIGNATURE John Beorn ADDRESS Maysville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

820

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.....
Licensed Embalmer No. 3933

P. O. Address Mayfield

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.