

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41025  
STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 178 Primary Registration District No. 5661 Registrar's No. 105

Health,  
Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HILAND</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>DURHAM</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>½ mi. W Durham</b>		Length of stay in lb <b>XXXXX</b>	d. STREET ADDRESS <b>½ mi. W Durham</b>
3. NAME OF DECEASED (Type or print) First <b>EUNICE</b> Middle <b>LENA</b> Last <b>PULLIAM</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>26</b> Year <b>1957</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6/26/1876</b>
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and state or country) <b>DURHAM, MISSOURI</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>XXXXXXXXXX</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>JOHN PULLIAM</b>		14. MOTHER'S MAIDEN NAME <b>ELIZABETH NELSON</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. GRAY SNIDER Durham, 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>Cerebro-vascular Accident</b> DUE TO (b) _____ DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Remains stroke 5 yrs. Ago</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <b>Nov 20 1957</b> to <b>26 Nov 1957</b> and last saw her alive on <b>26 Nov 57</b> Death occurred at <b>20a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John W. Witt DO</b>		22b. ADDRESS <b>Lewistown Mo</b>	22c. DATE SIGNED <b>29 Nov 57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11/28/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DURHAM</b>	23d. LOCATION (City, town, or county) (State) <b>DURHAM, MISSOURI</b>
24. FUNERAL DIRECTOR <b>Charles J. Arnold</b> ADDRESS <b>Lewistown, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-28-57</b>	26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M. D.</b> <b>E. L. O.</b>

VS MAY 25 1959

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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 *Charles L. Arnold Sr.*  
.....

Licensed Embalmer No. 466

P. O. Address Lewistown, Pa.

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.