

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020064
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 19

300
1-57

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		c. CITY OR TOWN Slater	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 S. Jefferson		d. STREET ADDRESS (If outside, give location) 202 S. Jefferson	
Length of stay in 1b 7 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Harrison Middle Pullen Last Pullen			4. DATE OF DEATH Month May Day 7 Year 1959		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1902	9. AGE (In years last birthday) 56	10. F UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY R.R.	11. BIRTHPLACE (City and state or country) Ronoake Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Pullen	13b. MOTHER'S MAIDEN NAME Fannie Morman	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Young or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. -311-01-8511	17. INFORMANT Mr. J.R. Thomas, Slater, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct.		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis.	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour 3:45 a.m. 2 p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Slater, Missouri	COUNTY Saline	STATE Missouri
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21. I attended the deceased from Death occurred at Max 10-59 to May 5-59 and last saw ^{her} him alive on May 5-59 3:45 a.m. on the day stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Nelson D. ...	(Degree or title) 0	22b. ADDRESS 313 1/2 N. MAIN Slater, Mo.	22c. DATE SIGNED 5-8-59
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23a. BURIAL (Specify) Burial	23b. DATE May 59	23c. NAME OF CEMETERY OR OBTURATOR Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) Slater, Missouri	(State)
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24. FUNERAL DIRECTOR George H. Green, Marshall, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-11-59	26. REGISTRAR'S SIGNATURE Mrs. E. C. Metz
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

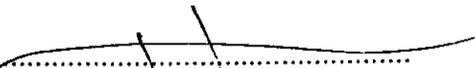
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4270

P. O. Address Marshall

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.